

WORKPLACE LIABILITY

INSURANCE EXPENSE SHEET

Document ID:

Date:

POLICY DETAILS

Insurance Provider:
Policy Number:
Coverage Type:
Coverage Period:

COMPANY INFO & ALLOCATION

Company Name:
Department / Cost Center:
Prepared By:
Payment Method:

DATE PAID	TRANSACTION ID	DESCRIPTION / INSTALLMENT DETAILS	PAYMENT STATUS	AMOUNT

Subtotal _____
Taxes / Fees _____
Total Expense _____

PREPARED BY _____
REVIEWED BY _____
AUTHORIZED APPROVAL _____