

BREAKROOM BEVERAGE & FOOD EXPENSE REPORT

Office Refreshments and Kitchen Supplies

Department: _____ Date Submitted: _____

Submitted By: _____ Reporting Period: _____

Approved By: _____ Cost Center: _____

DATE	CATEGORY	ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL COST

Subtotal	
Tax	
Total Due	

Employee Signature
Date: _____

Authorized Approver Signature
Date: _____