COMMUNICATION & WI-FI

Expense Report

Employee Name:

Department:

Job Title:

Report Date:

Period From/To:

Manager Name:

DATE	EXPENSE CATEGORY	SERVICE PROVIDER	DESCRIPTION / BUSINESS PURPOSE	AMOUNT

Subtotal

Tax / Other

Total Reimbursement

Employee Signature

_____

Date

_____

Manager Approval Signature

_____

Date

Please attach all corresponding invoices, bills, and payment receipts.