

MINOR EXPENSES & GRATUITIES

Reporting Sheet

Employee Name		Department / Unit	
Employee ID		Manager / Supervisor	
Period Start Date		Period End Date	

DATE	CATEGORY (INCIDENTAL/GRATUITY)	DESCRIPTION / BUSINESS PURPOSE	AMOUNT

Total Incidentals	
Total Gratuities	
Grand Total Claimed	

Claimant Signature & Date

Authorized Approver Signature & Date