

OFFICE INSURANCE

Expense Report Template

Report No: _____

Date: _____

Prepared By: _____

POLICY & PROVIDER INFORMATION

Insurance Provider: _____

Policy Number: _____

Coverage Type: _____

Broker Agency: _____

Policy Start Date: _____

Policy End Date: _____

PREMIUM & EXPENSE BREAKDOWN

PAYMENT DATE	INVOICE / REF NO.	DESCRIPTION / COVERAGE ITEM	NET PREMIUM	TAXES & FEES	TOTAL PREMIUM

Subtotal: _____

Total Taxes/Fees: _____

Grand Total Paid: _____

Submitted By (Signature) Date

Authorized Approval (Signature) Date