OFFICE FOOD & BEVERAGE EXPENSE REPORT

REPORT NO.

SUBMITTED BY (NAME & TITLE)

DEPARTMENT / COST CENTER

SUBMISSION DATE

REPORTING PERIOD (START - END)

TOTAL ALLOCATED BUDGET

TOTAL EXPENSE CLAIMED

REMAINING BALANCE

DATE	ITEM DESCRIPTION	CATEGORY (SNACK/BEV/EVENT)	QTY	UNIT PRICE	TOTAL	RECEIPT?
				Total Reimbursement Claim:		

NOTES / BUSINESS PURPOSE

SUBMITTED BY (SIGNATURE) Date: _____

APPROVED BY (MANAGER SIGNATURE) Date: _____