NON-WAGE FRINGE BENEFITS EXPENSE LEDGER

COMPANY NAME:

ACCOUNT NO:

FISCAL PERIOD:

DEPARTMENT:

COST CENTER:

CURRENCY:

DATE	REF / DOC NO.	EMPLOYEE / PAYEE	BENEFIT TYPE	DESCRIPTION / MEMO	DEBIT (+)	CREDIT (-)	BALANCE
				Total			

Prepared By

Reviewed By

Approved By