

# Expense report

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Report period: \_\_\_\_\_

## Itemized expenses:

Please attach your receipts to this document.

Date	Type	Reason for expense	Amount Paid	Receipt attached	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Expense Report Total: \_\_\_\_\_

Signature: \_\_\_\_\_

