

# Monthly Expense Report

Employee Name:

Employee ID:

Department:

Month & Year:

Supervisor:

## Expense Details

Date	Expense Category	Description	Amount	Receipt Attached
Total				

Employee Signature:

Date:

Supervisor Approval:

Date:

## Important Notes:

- All expenses must be supported with valid receipts and documentation.
- Submit the expense report within the first week of the following month.
- Ensure all expense categories and descriptions are filled out clearly.
- Unauthorized or policy-violating expenses will not be reimbursed.
- This form must be approved by the supervisor prior to reimbursement processing.