

Expense Report

Employee Name: _____ Department: _____

Employee ID: _____ Report Date: _____

Manager Name: _____ Report Period: _____

Expense Details

| Date | Category | Description | Amount | Receipt Attached |
|--------------------|----------|-------------|--------|------------------|
| ____ / ____ / ____ | _____ | _____ | _____ | Yes / No |
| ____ / ____ / ____ | _____ | _____ | _____ | Yes / No |
| ____ / ____ / ____ | _____ | _____ | _____ | Yes / No |
| Total: | | | _____ | |

Approval

Employee Signature: _____ Date: ____ / ____ / ____

Manager Approval: _____ Date: ____ / ____ / ____

Important Notes

- Attach original receipts for all listed expenses.
- Ensure all expenses fall within company policy.
- Obtain manager approval before submission for reimbursement.
- Double-check all totals and dates for accuracy.
- Submit the report by the stated deadline after the end of the reporting period.