

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.