

Departmental Office Operational Expense Form

Department/Office Name

Date

Prepared By

Expense Details

| # | Description | Category | Date Incurred | Amount | Remarks |
|---|-------------|----------|---------------|--------|---------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Total Amount

Prepared By:

Name & Signature

Reviewed By:

Name & Signature

Approved By:

Name & Signature