

Staff Expense Report Submission Form

Name

Department

Expense Period

Purpose / Description

Expense Details

Date	Description	Category	Amount	Receipt Attached
<div></div>	<div></div>	Travel <div></div>	<div></div>	Yes <div></div>
<div></div>	<div></div>	Travel <div></div>	<div></div>	Yes <div></div>
<div></div>	<div></div>	Travel <div></div>	<div></div>	Yes <div></div>

Total Amount

Employee Signature

Date

Supervisor Approval