

Expense Receipt

Date

Receipt #

Employee Name

Department

Purpose

Project / Client

Description	Date	Category	Amount
<input type="text" value="e.g. Taxi fare"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="e.g. Travel"/>	<input type="text" value="\$0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text" value="\$0.00"/>

Additional Notes

Employee Signature

Manager Approval
