

# Business Expense Statement

Prepared By:

Department:

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Statement #:

## Expense Details

Date	Description	Category	Payment Method	Amount	Notes
____ / ____ / ____					
____ / ____ / ____					
____ / ____ / ____					
<b>Total</b>					_____

Advance Received:

Amount Reimbursable:

Notes / Comments:

Employee Signature

Manager Approval