

# Business Expense Statement

Prepared By: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Statement #: \_\_\_\_\_

## Expense Details

Date	Description	Category	Payment Method	Amount	Notes
____ / ____ / ____					
____ / ____ / ____					
____ / ____ / ____					
				Total	_____

Advance Received: \_\_\_\_\_

Amount Reimbursable: \_\_\_\_\_

Notes / Comments: \_\_\_\_\_

Employee Signature

\_\_\_\_\_

Manager Approval

\_\_\_\_\_