

Corporate Expense Statement

Employee Name:	<input type="text"/>
Employee ID:	<input type="text"/>
Department:	<input type="text"/>
Date Submitted:	<input type="text"/>
Reporting Period:	<input type="text"/> MM/DD/YYYY - MM/DD/YYYY

Expense Details

Date	Description	Category	Vendor	Amount	Receipt Attached
<input type="text"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>				

Total Amount Claimed:

Employee Signature:

Date:

Manager Approval

Manager Name:

Signature:

Date:

Comments: