

# Corporate Expense Statement

Employee Name:

Employee ID:

Department:

Date Submitted:

Reporting Period:

MM/DD/YYYY - MM/DD/YYYY

## Expense Details

Date	Description	Category	Vendor	Amount	Receipt Attached
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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Total Amount Claimed:

Employee Signature:

Date:

## Manager Approval

Manager Name:

Signature:

Date:

Comments: