

# Vendor Payment and Employee Reimbursement Expense Statement

## General Information

**Date**

**Prepared By**

Name

**Department**

Department Name

**Purpose**

Purpose of Statement

## Vendor Payment

Vendor Name	Invoice/Ref No.	Date	Description	Amount

## Employee Reimbursement

Employee Name	Expense Date	Description	Amount	Remarks

**Total Vendor Payment**

â,±0.00

**Total Reimbursement**

â,±0.00

**Grand Total**

â,±0.00

## Remarks

Add any additional remarks here...

**Prepared By**

Signature / Name

**Approved By**

Signature / Name