

# 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