

Monthly Employee Expense Report

Report Month: _____

Employee Name _____

Department _____

Employee ID _____

Date	Expense Category	Description	Amount
____ / ____ / ____	_____	_____	_____
____ / ____ / ____	_____	_____	_____
____ / ____ / ____	_____	_____	_____
Total			_____

Additional Notes:

Employee Signature _____

Supervisor Signature _____