Expense report

Report no.

Period covered

Logo

Claimant

Full name

Department

Approving manager

Business purpose

Purpose of the expenses

Location

Currency

Expense details

Date	Description of the expense	Category	Amount

Receipts

- [ ] All receipts are attached
- [ ] Some receipts are missing

Remarks and missing receipts

Totals

Total expenses

Advances already received

Amount to be reimbursed

Claimant's signature

Name in full

Manager's signature

Name in full