

Statement number: 1

Expense Statement

Employee information

Name Jim Johnson Department IT Training
Employee ID Jim Johnson #1 Manager Jane Doe
Position Project Supervisor

Pay period

From	5/1/2017
To	5/5/2017

Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertain.	Misc.	TOTAL
			\$ 100.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
										-
										-
										-
										-
										-
										-
										-
			\$ 100.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Subtotal										\$ -
Advances										
TOTAL										\$ -

Approved by	Notes

For Office Use Only

