MONTHLY EXPENSE REPORT

Name_____ Month _____ /_____

Ex: (October/2010)

Date	Purpose	$	Account Code	Dept Code

Note: Please submit your request at the end of each month. Attach supporting receipt or invoice.

Employee Signature: _____Total Amount $_____

Approved By: _____ Date: _____

DIRECTOR

_____ Date: _____

EXECUTIVE DIRECTOR

Revised August 2010