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