

Expense Statement

Employee information

Name Evelyn Morales Department IT Training
 Employee ID Evelyn Morales_#13 Manager _____
 Position 9500 N Springboro Pike, Miamisburg, Ohio 45

Pay period

| | |
|------|--|
| From | |
| To | |

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

| Approved by | Notes |
|-------------|-------|
| | |

For Office Use Only

