

Monthly Expense Report Form

Employee Information

- Full Name: _____
- Employee ID: _____
- Department: _____
- Supervisor: _____
- Report Month: _____
- Contact Number: _____

Expense Summary

Date	Expense Description	Category	Amount (USD)

Total Expenses: _____

Payment Method (Check all that apply):

- Credit Card**
- Cash**
- Bank Transfer**

Attachments Provided

- Receipts Attached**
- Invoices Attached**

Employee Signature: _____

Date: _____

Manager's Approval: _____