

**Pay Period**

From:

To:

**Employee Information**

Name:

Employee ID Number:

Department:

Position:

Supervisor:

Purpose:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Account** | **Description** | **Category** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | **Total:** |

*I certify that the above information is accurate and complete*

Employee Signature

Date

Approved by:

Date

**Categories**

|  |  |
| --- | --- |
| T | Transportation  |
| M | Meal |
| H | Hotel |
| F | Fuel |
| E | Entertainment |
| P | Phone |
| MSC | Miscellaneous  |