Expense Report - Old Dominion Swim League

Statement Number:

Purpose:

Employee Information

Name		Department	
SSN		Position	
Employee ID		Manager	

Pay Period

From
To

Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	TOTAL
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	
									Subtotal	$ -
									Advances	
									TOTAL	$ -

Approved

Notes

For Office Use Only