

Expense Authorization Document

Date:

Employee Name:

Department:

Purpose of Expense:

Description	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount:

Remarks/Notes:

Requested By:

Date:

Authorized By:

Date: