

Statement of Expense Reconciliation

Name:

Department:

Period:

Date Submitted:

Date	Description	Category	Amount (USD)	Remarks
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount:

Prepared by:

Approved by:

Date: