



For Office Use Only

Expense report

PURPOSE: _____

STATEMENT NUMBER: _____

PAY PERIOD: From _____
To _____

EMPLOYEE INFORMATION:

Name _____

Position _____

SSN _____

Department _____

Manager _____

Employee ID _____

Non-Company Credit Card Expenses (i.e. paid in cash or other credit card):

Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
Subtotal of Employee Paid Expenses										
Less: Advances										
Total Due to Employee										

Company Credit Card Expenses (i.e. paid on Plexus Company Credit Card):

Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
Subtotal of Plexus Credit Card Expenses										
Grand Total of All Expenses										

Employee Signature: _____

Date: _____

Approving Signature: _____

Date: _____

Approver Name(please Print): _____