

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** _____

Notes

For Office Use Only