[COMPANY NAME]

Day Month Year

# Expense Approval

Please complete all the information below.

## APPLICANT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | | |
| First Name | Last Name | | | |
|  |  | | | |
| Date of request | Email/Phone |  |  Cell |  Other |
| To whom the request is being forward?  [Name] |  |  |  |  |
| Address |  |  | Department |  |

## **Expense Request Details**

Provide complete expense details here

|  |
| --- |
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|  |

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| $ |

**TOTAL AMOUNT OF REQUESTED EXPENSE:**

Expense Request Justification

|  |
| --- |
|  |
|  |

**Approved?**

|  |  |  |
| --- | --- | --- |
|  | If No: REASON | |
| Signature | | Day/Date |

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