



Employee Expense Report

Please note that fields are not character limited, however only visible characters will come through to the SSC. Enter additional comments in the notes section, or attach another sheet of paper to this form.

Employee Information	
Unique Name:	Approver Unique Name:
	Shortcode:

Other Expenses							
Date	Vendor Name	City & State	Description	Dollar Amount	Short Code*	Business Purpose*	Select Source of Payment*:
Total \$							

Please attach all receipts that are Required by your Department.

* Denotes Required Field in Table

NOTES: