Expense Report - Staff/Volunteers

4
Employee Name
SSN
Position
Pay Period

From	
То	

11138 Treynorth Drive, Suite B Cornelius, NC 28031 Phone: 704.894.9995 Fax: 704.894.9968

Expense Date	Category	Des	cription			Amount	Total	
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
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							\$	-
							\$	-
						\$ -	\$	-
						Subtotal	\$	-
						Advances		
Please attach all reciept cut twice a month.	s to Expense	Report. Checks are				Total	\$	-
Signature			For Office Use Only:	Amount Paid	Check #	Budget Code	Date	