



EMPLOYEE EXPENSE REPORT

ACH Payment
 Paper Check

Employee Name: _____
 Department: _____
 Period Ending: _____

Approval	
Supervisor:	_____
Finance:	_____

Date	General Ledger Number	Explanation / Name of Charge Card	Cash	Charge*
TOTALS**			\$ -	\$ -

Cash Expense Summary:

Cash Expense (Above)	\$ _____ -
Balance at beginning of period <due to> from Archdiocese	\$ _____
Less Advanced Received	\$ _____
Balance end of period <due from> Archdiocese	\$ _____ -

Employee Signature _____ Date: _____

*Charge - Archdiocesan Credit Cards only
 **Attach all documents and charge card receipts