**Credit Card Expense Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   | Title: |   |
| Employee ID: |   | Department: |   |
| Month/Year: |  | Card Ending: | -#### |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **VENDOR** | **DESCRIPTION** | **AMOUNT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL ( SHOULD MATCH STATEMENT )** |  |

**\* REMEMBER TO ATTACH RECEIPTS \***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  NAME |  | SIGNATURE |  | DATE |