

EXPENSE STATEMENT

Employee Name: _____

Month: _____

Head Qtr. _____ Designation: _____ Period From _____ To _____

DATE	Time Dep.	From	Time Arrive.	To	By BUS / Train, etc	Phone	Fair	DAILY Allow.	Misc.	Total
Totals										

Note : Attached Journey Ticket, Hotel Bills & Miscwithout Attachment Expenses will not pass.

For ALKUSH INDUSTRIES