

Industrial Commercial Fire Protection, Inc.
Expense Report (revised 09/17/07)

Employee's Name: _____ Date: _____	Office Use Only <input type="checkbox"/> APPROVED Date Paid: _____ <input type="checkbox"/> DISAPPROVED Check Number: _____
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Date of Purchase	Amount of Purchase	Description of Purchase	Job Number (if applies)

NOTE: ALL RECEIPTS MUST BE ATTACHED TO THE BACK OF THIS FORM.

Employee's Signature: _____ Date: _____