Expense Approval Request Form

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| COMPANY NAME ADDRESS PHONEEMPLOYEE NAME DATE OF REQUEST CONTACT EMAIL OFFICE HOURS Office Hours Enter Hours, Days | [COMPANY NAME] [Street address] | [City, ST ZIP Code] Phone: [Phone number] | Fax: [Fax number] | [Email] | [Website]  555 555-5555 [NAME] [DOR] [EMAIL] [Office Hours] Resources To edit the semester and year, just double-click the footer area on the page.   * Click here to add text. * Click here to add text. |

**Expense Request Details**

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| Expense | Type | Details |
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**Approved?**

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| Authorized Signature: |  | Date signed: [Date] |