

**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: _____
---	--

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: _____