**Credit Card Expense Report**

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

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

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

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