	Adventist University of Africa Developing Leaders Private Bag, Mbagathi 00503, Nairobi, Kenya
Bus	siness Expense Report Form

Name of Employee: ______

Account Code	Account Name	Narration			Amount
		TOTAL			
Employee Signature: Date:				Date:	
Immediate Supervisor	Namo:		Signature:	Date:	
Next Level Approver	Name:		Signature:	Date:	
FINANCE OFFI	CE USE ON	LY			
FINANCE OFFI		LY Description		Amount	
				Amount	
		Description		Amount	
		Description		Amount	
		Description		Amount	
		Description	TOTAL		
Code	Function	Description		Amount	
Code	Function	Description			
Code	Function	Description			
Code	Function	Description			
Code	Function	Description			Date Stamp