

Intern Expense Form

Name

Department

Date

Expenses

Date	Description	Category	Amount	Receipt
<input type="text"/>	<input type="text"/>	<div><div></div><div></div></div>	<input type="text"/>	<div><div>Choose File</div><div>No file selected</div></div>
<input type="text"/>	<input type="text"/>	<div><div></div><div></div></div>	<input type="text"/>	<div><div>Choose File</div><div>No file selected</div></div>
<input type="text"/>	<input type="text"/>	<div><div></div><div></div></div>	<input type="text"/>	<div><div>Choose File</div><div>No file selected</div></div>

Notes

Total Amount

Signature

Date