Stride Inc. Monthly Expense Report — Blank Template

Employee:	N/A
Employee ID:	N/A
Expense Report #:	N/A
Reporting Period:	07/17/26-08/10/26
Bill Date:	8/13/2026
Currency:	US Dollar

Description	17-Jul	20-Jul	23-Jul	28-Jul	10-Aug	MM/DD (6)	MM/DD (7)	MM/DD (8)	MM/DD (9)	MM/DD (10)	MM/DD (11)	MM/DD (12)	MM/DD (13)	MM/DD (14)	MM/DD (15)	MM/DD (16)	MM/DD (17)	MM/DD (18)	MM/DD (19)	MM/DD (20)	Total
Chrgback - Testing External Meals	$11.89		$22.45	$53.47	$29.95																**$117.76**
Chrgback - Testing Travel Other		$4.28	$350.00		$33.68																**$387.96**
Total	**$11.89**	**$4.28**	**$372.45**	**$53.47**	**$63.63**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$505.72**
Total in Base Currency	**$11.89**	**$4.28**	**$372.45**	**$53.47**	**$63.63**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$505.72**
Total Nonreimbursable																					
Total Paid by Corporate Credit Card	**$11.89**	**$4.28**	**$372.45**	**$53.47**	**$63.63**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$505.72**
Total Due																					

Advance
Due

I hereby acknowledge that the expenditures listed above were made for valid company purposes.

Employee Signature: **Date:**

Approver Signature: **Date:**