

Expense Reimbursement

Employee Name:
ID:

Manager Name:
Department:

Expense Period	
From:	<input type="text"/>
To:	<input type="text"/>

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL	\$	-
Less Cash Advance		<input type="text"/>
TOTAL REIMBURSEMENT	\$	-

Don't forget to attach receipts!

Employee Signature Date

Approval Signature Date