

# Expense Reimbursement

Employee Name:   
ID:

Expense Period  
From:   
To:

Manager Name:   
Department:

Business Purpose:

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL \$ -

Less Cash Advance

TOTAL REIMBURSEMENT \$ -

**Don't forget to attach receipts!**

Note: Mileage reimbursement for personal car = \$0.XX/mile

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date