

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