

# Expense Reimbursement

Employee Name:   
ID:

Expense Period  
From:   
To:

Manager Name:   
Department:

Business Purpose:

## Itemized Expenses

| DATE | DESCRIPTION | CATEGORY | COST |
|------|-------------|----------|------|
|      |             |          |      |
|      |             |          |      |
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|      |             |          |      |
|      |             |          |      |
|      |             |          |      |
|      |             |          |      |

SUBTOTAL \$ -

Less Cash Advance

TOTAL REIMBURSEMENT \$ -

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

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

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

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