

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