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| **EMPLOYEE REIMBURSEMENT FORM** |

**Employee Information:**  
  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reimbursement Details:**

Category: □ Accommodation □ Travel □ Meals □ Supplies □ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_  
Description of Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Amount Requested: $\_\_\_\_\_\_\_\_\_  
  
Category: □ Accommodation □ Travel □ Meals □ Supplies □ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_  
Description of Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Amount Requested: $\_\_\_\_\_\_\_\_\_  
  
Category: □ Accommodation □ Travel □ Meals □ Supplies □ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_  
Description of Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Amount Requested: $\_\_\_\_\_\_\_\_\_

**Receipts & Documentation:**  
  
Please attach all necessary receipts and supporting documentation for the expenses being claimed. Ensure that all receipts are clear and legible. Failure to provide the required documentation may result in a delay or denial of reimbursement.

**Declaration:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Name), certify that the information provided on this form is true and accurate to the best of my knowledge, and that the expenses claimed were incurred in the performance of my job duties. I understand that any false or misleading information may result in disciplinary action, up to and including termination of employment.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

**Approval:**

Supervisor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

**For Finance Department Use Only:**

Approved: ☐ Yes ☐ No

Amount Approved: $\_\_\_\_\_\_\_\_\_

Reimbursement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

Finance Department Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_