

## Expense Reimbursement Form

Employee Name:   
ID:

Manager Name:   
Department:

**Expense Period**  
From:   
To:

Business Purpose:

### Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL \$ -  
Less Cash Advance   
TOTAL REIMBURSEMENT \$ -

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

Employee Signature

Date

Approval Signature

Date