

# TEAM MEMBER EXPENSE REIMBURSEMENT FORM

Date: \_\_\_\_\_ (MM/DD/YY)

Employee Name: \_\_\_\_\_

Invoice#: \_\_\_\_\_  
(Employee ID + MMDDYY)

Employee ID: \_\_\_\_\_

Store Cost Center (SAP): \_\_\_\_\_  
(1000+5 digit store number) EX: 1000012345

Home Store #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Mail this form to:  
Walgreens  
MS#2025  
1901 E. Voorhees St.  
Danville, IL 61834

(Check will be mailed to home address provided)

	SAP GL	608130	608130	608080	606080	608060	608090	608100	635200	640580	608020	608015	608040	608050	608070
Purpose of Trip/City	Date	Miles	Mileage (Miles X 0.655) \$	Tolls \$	Parking \$	Car Rental \$	Gas for Rental Car \$	Taxi/Ride Share Train/Subway \$	Regulatory Licensing \$	Postage for Licensing \$	Meals/ Groceries While Traveling \$	Meals While Not Traveling i.e. Catering \$	Hotel \$	Air \$	Misc. Travel *** \$
		Total:													

Grand Total:

Employee Name: \_\_\_\_\_

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

Manager Name: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DM Name: \_\_\_\_\_

DM Signature (If Over \$100) \_\_\_\_\_ Date: \_\_\_\_\_

***Miscellaneous Travel Details	Amount