

TEAM MEMBER EXPENSE REIMBURSEMENT FORM

Date: _____(MM/DD/YY)

Employee Name: Avery Vann

Invoice#: _____
(Employee ID + MMDDYY)

Employee ID: 4595542

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

Home Store #: 7618

Home Address: 13231 Capri Dr.
Carmel, IN 46033



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

(Check will be mailed to home address provided)

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

Grand Total:

Employee Name: Avery Vann

Employee Signature: Avery D Vann Date: _____

Manager Name: _____

Manager Signature: _____ Date: _____

DM Name: _____

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

***Miscellaneous Travel Details	Amount