

## Expense Reimbursement Form

Employee Name :

**Expense Period**

EMP ID :

From :

Manager Name :

To :

Department :

**Business Purpose / Project:**

### Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST
SUBTOTAL			
Less Cash Advance			
TOTAL			

**Don't Forget to Attach**

### Receipt

Employee Signature

Date

Approval Signature

Date