**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