Expense Reimbursement

Employee Name:		From:	Expense Period
Manager Name: Department:			
	Business Purpose:		
Itemized Expens	es		
DATE	DESCRIPTION	CATEGORY	COST
		SUBTOTAL	\$ -
Note: Mileage reimbursement f	or personal car = \$0.XX/mile	Less Cash Advance	
		TOTAL REIMBURSEMENT	
		Don't forget to a	ttach receipts!
Employee Signature		Date	-
,		24.0	
			_
Approval Signature		Date	

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**** Categories ****		
Business Cards		
Business Meals		
Dues		
Legal Fees		
License Fees		
Mileage		
Office Supplies		
Passport fee		
Postage		
Printer Cartridges		
Printer Paper		
Software		
Stationery		
Subscriptions		
Telephones		
Tools		
Training Fees		
Travel		
Work Clothing		
Other		

← Edit this list to change what shows up in the drop-down list for the Category column

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