

Expense Reimbursement

Period From	Period To

Company Name: _____

Employee Name: _____ Employee ID: _____

Department: _____

Itemized Expenses

Date	Description	Category	Cost
Subtotal:			

Notes:

Advance Payment: _____

Total Reimbursement: _____

Don't forget to attach receipts

Employee Signature: _____

Approval Signature: _____