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|  | Expense Reimbursement Form |
|  |  |  |  |
| Company Name:  |
| Employee Name:  | Employee ID:  |
| Department:  | Expense Period:  |
|  |  |
| Date | Description | Category | Amount Paid |
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|  |  |  |  |
|  |  | Total Reimbursement: |  |
| Employee Signature: |  | Date: |  | \*Don’t forget to attach receipts\* |
|  |  |  |  |  |
|  |  |  |  | Notes:  |
| Approval Signature: |  | Date: |  |  |
|  |  |  |  |  |