

Expense Reimbursement Form

Employee Name:
ID:

Expense Period
From:
To:

Manager Name:
Department:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL	\$	-
Less Cash Advance		
TOTAL REIMBURSEMENT	\$	-

Note: Mileage reimbursement for personal car = \$0.XX/mile

Don't forget to attach receipts!

Employee Signature Date

Approval Signature Date