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| --- | --- | --- | --- | --- | --- |
| **Business Expense Reimbursement** | | | | | |
|  | | | | | |
| Company Name: | | |  | Expense Period | |
| Employee Name: | | |  | From | To |
| Department: | | |  |  |  |
|  | | | | | |
| **Date** | **Description** | | | **Category** | **Amount Paid** |
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|  |  | | |  |  |
| *Subtotal:* | | | | |  |
| *Advance Payment:* | | | | |  |
| **Total Reimbursement:** | | | | |  |
|  | |  | |  |  |
| Employee Signature: | |  | | Date: |  |
|  | |  | |  |  |
| Approval Signature: | |  | | Date: |  |
|  | |  | |  |  |
|  | | | | | |
| *\*Don’t forget to attach receipts\** | | | | | |
|  | | | | | |