|  |  |  |
| --- | --- | --- |
| **Expense Reimbursement** | Period From | Period To |
|  |  |
|  |
| **Company Name:**  |  |
| **Employee Name:**  |  | **Employee ID:** |  |
| **Department:**  |  |  |  |
|  |  |  |  |
| Itemized Expenses |
| Date | Description | Category | Cost |
|  |  |  |  |
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|  |  |  |  |
|  |  | Subtotal: |  |
| Notes: |  | Advance Payment: |  |
|  |  | Total Reimbursement: |  |
|  |  | *\*Don’t forget to attach receipts\** |
|  |  |  |  |  |
| Employee Signature: |  |  | Approval Signature: |  |

