

Business Expense Reimbursement

Company Name: _____
 Employee Name: _____
 Department: _____

Expense Period

From	To

Date	Description	Category	Amount Paid
Subtotal:			
Advance Payment:			
Total Reimbursement:			

Employee Signature: _____

Date: _____

Approval Signature: _____

Date: _____

Notes:

Don't forget to attach receipts

