## Business Expense Reimbursement

Company Name:		Expense Period	
Employee Name:		From	То
Department:			
Date	Description	Category	Amount Paid
		Subtotal:	
		Advance Payment:	
	Т	otal Reimbursement:	
Employee Signature		Date	
Approval Signature		Date	
7 Approvar Olgriatare		Date	
Notes			
Notes:			
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