Business Expense Reimbursement

Company Name:	Expense Period		
Employee Name:	From		
Department:			

Date	Description	Ca	ategory	Amount Paid
Subtotal:			Subtotal:	
Advance Payment:			Advance Payment:	
Total Reimbursement:				

Employee Signature:		Date:
Approval Signature:		Date:
Notes:		
	Don't forget to attach receipts	powered by GeneralBlue