

# Employee Reimbursement Form

Company Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Expense Period: \_\_\_\_\_

Date	Description	Category	Amount

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subtotal:

Advance Payment:

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Total Reimbursement:

*\*Don't forget to attach receipts\**