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| --- | --- | --- | --- | --- | --- |
| **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: | |  |

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