Expense	Reimb	ursement
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Company Name:

Period From	Period To

Employee Name:	Employee ID:			
Department:				
Itemized Expenses				
Date	Description	Category	Cost	
		Subtotal:		
Notes:		Advance Payment:		
		Total Reimbursement:		
		*Don't forget to	attach receipts*	
Employee Signature:		Approval Signature:		
		powered by		
			GeneralBlue	