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| Reimbursement Form | | | | |
|  | | | | |
| Company Name: | | | | |
| Employee Name: | | | Employee ID: | |
| Department: | | | Expense Period: | |
|  | | |  | |
| Date | Description | | Category | Cost |
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|  |  | |  |  |
|  |  | | Subtotal: |  |
| Notes: |  | | Advance Payment: |  |
|  | |  | Total Reimbursement: |  |
|  | |  | *\*Don’t forget to attach receipts\** | |
|  | | |  | |
|  | | |  | |
| Employee Signature: | | | Date: | |
|  | | |  | |
|  | | |  | |
| Approval Signature: | | | Date: | |