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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:  |