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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: |  |