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| --- | --- | --- | --- | --- | --- |
| Reimbursement Form | | | | |  |
|  | | | | | |
| Company Name: | | |  | Expense Period | |
| Employee Name: | | |  | From | To |
| Department: | | |  |  |  |
| Purpose: | | |  |  |  |
|  | | |  |  |  |
| Itemized Expenses | | | | | |
| Date | Description | | | Category | Amount Paid |
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|  |  | | | Subtotal: |  |
| *\*Don’t forget to attach receipts\** | | | | Advance Payment: |  |
|  | Total Reimbursement: | | | |  |
|  |  | | |  |  |
| Employee Signature: | |  | | Date: |  |
|  | |  | |  |  |
| Approval Signature: | |  | | Date: |  |