

# Employee Reimbursement Form

Company Name: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Department: \_\_\_\_\_ Expense Period: \_\_\_\_\_

Date	Description	Category	Amount

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subtotal:  
 Advance Payment:  
Total Reimbursement:

*\*Don't forget to attach receipts\**