

Expense Reimbursement

Period From	Period To

Company Name: _____
Employee Name: _____ Employee ID: _____
Department: _____

Itemized Expenses

Date	Description	Category	Cost
			Subtotal:

Notes: _____

Advance Payment: _____
Total Reimbursement: _____

Don't forget to attach receipts

Employee Signature: _____

Approval Signature: _____