

# Expense Reimbursement Form

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**GeneralBlue**

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Expense Period: \_\_\_\_\_

Date	Description	Category	Amount Paid

Total Reimbursement:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Don't forget to attach receipts\*

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_