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