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