

Expense Reimbursement Form

Employee Name

Employee ID

Department

Date Submitted

Expense Period

Expense Details

Date	Description	Category	Amount	Receipt Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

Notes

Employee Signature

Date

Manager Approval