

Employee Expense Reimbursement Form

Employee Name

Employee ID

Department

Manager

Date of Submission

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

Total Amount

Additional Notes

Employee Signature

Date

Manager Approval