

# Employee Reimbursement Form

Company Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Expense Period: \_\_\_\_\_

| Date | Description | Category | Amount |
|------|-------------|----------|--------|
|      |             |          |        |
|      |             |          |        |
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|      |             |          |        |
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|      |             |          |        |
|      |             |          |        |
|      |             |          |        |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subtotal:

Advance Payment:

Total Reimbursement:

*\*Don't forget to attach receipts\**

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