

# Reimbursement Form

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**GeneralBlue**

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Expense Period: \_\_\_\_\_

Date	Description	Category	Cost

Subtotal:

Notes: \_\_\_\_\_

\_\_\_\_\_

Advance Payment:

Total Reimbursement:

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

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_