

Expense Reimbursement Form

powered by
GeneralBlue

Company Name: _____

Employee Name: _____ Employee ID: _____

Department: _____ Expense Period: _____

| Date | Description | Category | Amount Paid |
|----------------------|-------------|----------|-------------|
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| | | | |
| Total Reimbursement: | | | |

Employee Signature: _____ Date: _____ *Don't forget to attach receipts*

Approval Signature: _____ Date: _____ Notes: _____