Business Expense Reimbursement

Company Name: _____

Employee Name: _____

Department: _____

Expense Period

From	To

Date	Description	Category	Amount Paid
		Subtotal:	
		Advance Payment:	
		Total Reimbursement:	

Employee Signature: _____ Date: _____

Approval Signature: _____ Date: _____

Notes:

Don't forget to attach receipts

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