Employee Reimbursement Form

Company Name: _____

Employee Name: _____ Employee ID: _____

Department: _____ Expense Period: _____

Date	Description	Category	Amount

Employee Signature: _____ Date: _____

Approval Signature: _____ Date: _____

Subtotal:	
Advance Payment:	
Total Reimbursement:	

Don't forget to attach receipts