

Business Expense Reimbursement

Company Name: _____
Employee Name: _____
Department: _____

| Expense Period | |
|----------------|----|
| From | To |
| | |

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

Employee Signature: _____

Date: _____

Approval Signature: _____

Date: _____

Notes: _____

Don't forget to attach receipts