

Employee Reimbursement Form

Company Name: _____

Employee Name: _____ Employee ID: _____

Department: _____ Expense Period: _____

Date	Description	Category	Amount

Employee Signature: _____

Date: _____

Subtotal:

Advance Payment:

Approval Signature: _____

Date: _____

Total Reimbursement:

Don't forget to attach receipts

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