

Expense Reimbursement Form

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Company Name: _____

Employee Name: _____ Employee ID: _____

Department: _____ Expense Period: _____

Date	Description	Category	Amount Paid
Total Reimbursement:			

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

Approval Signature: _____ Date: _____ Notes: _____