

# Reimbursement Fund Release Form

## Employee & Reimbursement Details

Employee Name

Department

Employee ID

Date

Reason for Reimbursement

Total Amount (\$)

## Expense Details

Date	Description	Amount (\$)	Receipt Attached
<input type="text"/>	Expense description <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Expense description <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Expense description <input type="text"/>	<input type="text"/>	<input type="checkbox"/>

## Declaration

I hereby certify that the ab

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Employee Signature

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Date

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Authorized Approver

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Date

## Important Notes

- Ensure all receipts are attached for each expense item.
- Incomplete or inaccurate information may delay fund release.
- Reimbursement requests should comply with the company's reimbursement policy.
- Approver's signature mandatory for fund processing.
- Keep a copy of this form and all receipts for your records.