

Automated Online Reimbursement Submission Format

Employee Name	Jane Doe
Employee ID	EMP00234
Department	Marketing
Email	jane.doe@email.com
Date of Submission	2024-06-12

Reimbursement Details

#	Date	Description	Category	Amount (USD)
1	2024-06-05	Business Lunch with Client	Meals	45.00
2	2024-06-07	Taxi Fare to Event	Transport	22.50
3	2024-06-09	Printing Handouts	Office Supplies	18.75
Total				86.25

Supporting Documents

- Receipt - Business Lunch.pdf
- Taxi Fare.png
- Printing Invoice.jpg

Employee Signature

Manager Approval

Important Notes

- Ensure all receipts are attached and legible for verification.
- Submission must be made within 14 days of expense incurred.
- Only expenses pre-approved as per company policy are eligible.
- Incorrect or incomplete forms may delay reimbursement processing.
- Keep digital copies of all documents for your own records.