

Employee Expense Reimbursement Form

Employee Name:

Enter full name

Employee ID:

Enter employee ID

Department:

Enter department

Expense Period:

e.g. Mar 2024

Date Submitted:

Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached?
Total				

Purpose of Expenses:

Briefly describe the purpose of the expenses

Employee Signature

Date: _____

Manager Approval

Date: _____

Important Notes

- Ensure all required receipts are attached for each expense item listed.
- Expenses must comply with the company's reimbursement policy and be approved by your manager.
- Incomplete forms or missing information can delay reimbursement processing.

- Submit the completed form within the timeline specified by your organization.
- Non-business or unauthorized expenses will not be reimbursed.