

# Employee Reimbursement Request Form

Request Date:   /  /  

Request No.:                   

Employee Name:                                   

Employee ID:                                   

Department:                                   

Email:   

## Expense Details

Date	Description	Category	Amount
<u>  /  /  </u>	Taxi fare from client meeting	Travel	\$ <u>                  </u>
<u>  /  /  </u>	Office supplies purchase	Supplies	\$ <u>                  </u>
<u>  /  /  </u>			\$ <u>                  </u>
<b>Total Amount</b>			\$ <u>                  </u>

Remarks / Additional Notes:

Employee Signature

Date:   /  /  

Manager Approval

Date:   /  /  

## Important Notes

- Attach original receipts for all expenses claimed.
- Ensure all details are accurate and complete for timely processing.
- Requests must be submitted within the company's policy period after incurring expenses.
- Manager's approval is mandatory prior to reimbursement.
- Incomplete forms or missing documentation may result in processing delays.