

Employee Reimbursement Request Form

Request Date: ___/___/___

Request No.:

Employee Name: _____

Employee ID:

Department: _____

Email:

Expense Details

Date	Description	Category	Amount
___/___/___	Taxi fare from client meeting	Travel	\$ _____
___/___/___	Office supplies purchase	Supplies	\$ _____
___/___/___			\$ _____
Total Amount			\$ _____

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.