

# Remote Work Expense Reimbursement Form

## Employee Information

Name

Full Name

Employee ID

Employee ID

Department

Department

Email

name@company.com

## Expense Details

Date	Description	Category	Amount (USD)
<input type="text"/>	<input type="text" value="e.g. Internet Bill"/>	<input type="button" value="Utility"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Utility"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Utility"/>	<input type="text"/>

Total Amount Requested (USD)

## Attestation

I certify that the above expenses are accurate and incurred for work purposes only.

Employee Signature

Type your name

Date

## Important Notes

- Each expense must be accompanied by a valid receipt or proof of payment.

- Only work-related expenses incurred during remote work are eligible for reimbursement.
- Submit this form within 30 days of the expense date for timely processing.
- All reimbursements are subject to company policy and approval.
- Please provide clear and detailed descriptions for each expense entry.