

Business Expense Reimbursement Request

Employee Name:	<input type="text" value="Enter your name"/>
Department:	<input type="text" value="Department"/>
Employee ID:	<input type="text" value="Employee ID"/>
Contact Email:	<input type="text" value="Email"/>
Date of Submission:	<input type="text"/>

Expense Details

Date	Description	Category	Amount (USD)	Receipt / Invoice
<input type="text"/>	<input type="text" value="Description"/>	<input type="text" value="Category"/>	<input type="text"/>	<input type="checkbox" value="Yes/No"/>
<input type="text"/>	<input type="text" value="Description"/>	<input type="text" value="Category"/>	<input type="text"/>	<input type="checkbox" value="Yes/No"/>
Total			<input type="text"/>	

Purpose of Expense:

Employee Signature:

Date:

Manager Approval

Manager Name:

Signature:

Date:

Important Notes:

- Attach all original receipts for the expenses claimed in this form.
- Ensure all expenses comply with company reimbursement policies.
- Incomplete or inaccurate forms may delay processing.
- Submit request within the timeframe established by your organization.
- Manager approval is required before processing the reimbursement.