

Business Expense Reimbursement Request

Employee Name:

Enter your name

Department:

Department

Employee ID:

Employee ID

Contact Email:

Email

Date of Submission:

Expense Details

Date	Description	Category	Amount (USD)	Receipt /
	Description	Category		Yes/No
	Description	Category		Yes/No
Total				

Purpose of Expense:

Explain the business purpose

Employee Signature:

Signature

Date:

Manager Approval

Manager Name:

Manager Name

Signature:

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.