

# Reimbursement Expense Summary Report

**Employee Name:** John Doe **Employee ID:** EMP12345  
**Department:** Finance **Report Date:** 2024-06-18  
**Period Covered:** 2024-06-01 to 2024-06-15

## Expense Details

#	Date	Description	Category	Amount (USD)	Receipt Attached
1	2024-06-03	Client Lunch Meeting	Meals	45.00	Yes
2	2024-06-05	Taxi to Airport	Transport	30.00	Yes
3	2024-06-07	Hotel Accommodation	Lodging	120.00	Yes
4	2024-06-10	Office Supplies	Supplies	15.25	No
<b>Total</b>				<b>210.25</b>	

## Approval & Acknowledgment

**Prepared by:** John Doe **Date:** 2024-06-18  
**Approved by:** Jane Smith **Date:** 2024-06-19

## Important Notes

- All expenses must comply with the company's reimbursement policy.
- Original receipts should be attached where applicable.
- Claims should be submitted within 30 days from the date of expense.
- Incomplete or inaccurate reports may delay processing and reimbursement.
- Supervisor approval is mandatory before final submission.