

# Employee Out-of-Pocket Reimbursement Receipt

Employee Name: Jane Smith

Employee ID: EMP-07654

Department: Finance

Date Submitted: 2024-06-13

Report Period: 2024-05-01 to 2024-05-31

Date	Description	Category	Amount (USD)	Receipt Attached
2024-05-06	Office supplies (notebook, pens)	Supplies	42.50	Yes
2024-05-14	Client meeting lunch	Meals	56.10	Yes
2024-05-22	Taxi fare (client visit)	Transportation	23.80	Yes
			Total	122.40

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Approver Signature

- All claims must be accompanied by valid receipts/invoices where required.
- This document should be submitted within the reimbursement policy timeline.
- Misrepresentation of expense details may lead to disciplinary action.
- Retain a copy of this form for your own records.