

# Itemized Expense Reimbursement Receipt

**Employee Name:**

John Doe

**Employee ID:**

102456

**Department:**

Finance

**Date Submitted:**

2024-06-18

**Report/Receipt No.:**

ER-2024-0891

**Period Covered:**

2024-06-10 to 2024-06-15

**Approver:**

Jane Smith

Date	Description	Category	Receipt No.	Amount (USD)
2024-06-10	Hotel accommodation - 1 night	Lodging	RCPT-11124	150.00
2024-06-11	Flight ticket	Travel	RCPT-11178	320.00
2024-06-12	Client dinner	Meals	RCPT-11225	68.50
2024-06-13	Taxi to airport	Transport	RCPT-11289	35.00
2024-06-14	Stationery supplies	Office Supplies	RCPT-11318	12.20
				<b>Total 585.70</b>

**Important Notes:**

- Attach original receipts for all expenses listed above.
- Ensure that all expenses comply with company reimbursement policies.
- Provide clear and complete descriptions for each itemized expense.
- Submission is subject to review and approval by the respective authority.
- Incorrect or incomplete forms may delay reimbursement processing.