

Monthly Reimbursement Expense Receipt

For the Month of: **June 2024**
Receipt No: MR-2024-0615
Date: 2024-06-30

Employee Name:	Jane Doe	Department:	Finance
Designation:	Accountant	Employee ID:	EMP-1058

Expense Details

Date	Description	Category	Amount (USD)
2024-06-03	Client Meeting Lunch	Meals & Entertainment	32.50
2024-06-07	Office Supplies Purchase	Supplies	14.80
2024-06-11	Taxi to Conference	Transport	27.00
2024-06-22	Internet for Remote Work	Utilities	20.00
Total Reimbursable Amount:			94.30

Employee Signature
Date: ____/____/____

Manager / Approver Signature
Date: ____/____/____

- Important Notes:**
- Original receipts or proofs of payment are required for all listed expenses.
 - Ensure all expenses comply with company reimbursement policies.
 - Submit this form to the accounts department by the 5th of the following month.
 - Inaccurate or incomplete forms may result in reimbursement delays.