

# Itemized Expense Reimbursement Receipt

Employee Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Report Period: \_\_\_\_\_

Date	Description	Category	Receipt No.	Amount
2024-06-01	Taxi from airport to hotel	Transportation	R-0246	\$35.00
2024-06-02	Hotel accommodation	Lodging	H-1052	\$150.00
2024-06-03	Business dinner	Meals	M-0891	\$52.00
Total:				\$237.00

Purpose of Expense: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Authorized By  
  
\_\_\_\_\_  
Date

- Important Notes:**
- All expense items must be supported by original receipts or proof of payment.
  - Claims must be submitted within 30 days of incurring the expense.
  - Incomplete forms or missing documentation may cause delays in reimbursement.
  - Only business-related expenses in accordance with company policy are eligible for reimbursement.