

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.