

# Expense Reimbursement Form

Employee Name:

Department:

Date Submitted:

Date	Expense Type	Description	Amount
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
Total			<div></div>

Remarks / Additional Notes:

Employee Signature

Approver Signature

**Important Notes:**

- Attach original receipts for all expenses claimed.
- Ensure all information is accurate and complete.
- Submit the form to your supervisor within the required timeframe.
- Reimbursements are subject to company policy approval.
- For travel expenses, specify destinations and purpose if applicable.

