

# Reimbursement Expense Statement

Employee Name:

John Doe

Employee ID:

EMP12345

Department:

Finance

Statement Date:

2024-06-16

## Expense Details

Date	Description	Category	Amount (\$)	Receipt Attached
2024-05-01	Client Meeting Lunch	Meals	45.00	Yes
2024-05-03	Uber Ride to Office	Transport	23.50	Yes
2024-05-04	Stationery Purchase	Office Supplies	12.15	No
<strong>Total: \$80.65</strong>				

Total Amount to Reimburse:

\$80.65

Employee Signature

Manager/Approver Signature

## Important Notes:

- All expenses must be accompanied by valid receipts wherever applicable.
- Please ensure expenses conform to the organization's reimbursement policy.
- Incomplete forms or missing documents may delay the reimbursement process.
- Obtain prior approval for expenses outside standard policy, if required.
- Keep a copy of this statement for your own records.