

# Automated Office Expense Reimbursement Spreadsheet

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Reporting Period:** \_\_\_/\_\_\_ to \_\_\_/\_\_\_

**Date Submitted:** \_\_\_/\_\_\_

## Expense Details

Date	Description	Category	Amount (USD)	Receipt
05/06/2024	Printer Ink Cartridge	Office Supplies	45.99	Attached
07/06/2024	Taxi to Client Meeting	Transport	22.00	Attached
09/06/2024	Coffee for Team Meeting	Refreshments	13.75	Attached
11/06/2024	Office Stationery	Office Supplies	28.40	Attached
<b>Total</b>				<b>110.14</b>

## Summary & Approval

**Prepared By** \_\_\_\_\_

**Approved By** \_\_\_\_\_

**Approval Date** \_\_\_/\_\_\_/\_\_\_

## Important Notes

- Ensure all expenses are supported by valid receipts and comply with the company's reimbursement policy.
- Expenses must be submitted within the specified reporting period for timely reimbursement.
- Incomplete or inaccurate submissions may result in delays or rejection of reimbursement claims.
- Approval from the relevant department head is mandatory prior to processing reimbursement.