

# Employee Expense Reimbursement Summary

Date: 2024-06-30

**Employee Name:** Jane Doe  
**Employee ID:** EMP12345  
**Department:** Marketing  
**Period Covered:** June 1, 2024 – June 27, 2024  
**Report Reference:** ER-2024-06-001

## Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached
2024-06-03	Taxi from airport to hotel	Transportation	35.00	Yes
2024-06-03	Hotel stay (1 night)	Accommodation	120.00	Yes
2024-06-04	Lunch with client	Meals	28.50	Yes
2024-06-05	Office supplies	Miscellaneous	14.20	Yes