

Itemized Reimbursement Summary

Employee Name:	Jane Doe	Employee ID:	123456
Department:	Marketing	Submission Date:	2024-06-15
Reimbursement Period:	2024-05-01 to 2024-05-31		

Itemized Expenses

#	Date	Description	Category	Amount	Receipt Attached
1	2024-05-03	Taxi to client meeting	Transportation	\$32.40	Yes
2	2024-05-07	Lunch with client	Meals	\$78.60	Yes
3	2024-05-10	Hotel for seminar	Accommodation	\$195.00	Yes
4	2024-05-18	Office supplies	Supplies	\$23.15	No

Total Reimbursable Amount: \$329.15

Advance Received: \$100.00

Amount Due: \$229.15

Prepared by:	Jane Doe	Date:	2024-06-15
Approved by:	John Smith	Date:	2024-06-16

Important Notes

- Attach all relevant receipts to support each claimed item.
- Ensure expenses align with company reimbursement policies.
- Incomplete or inaccurate forms may delay reimbursement.
- Retain a copy of this summary for your records.