

# Custom Expense Category Reimbursement Form

Employee Name

Department

Date Submitted

Custom Expense Category

Expenses

Date	Description	Vendor/Payee	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

Purpose / Explanation

Employee Signature

Manager Approval

Important Notes:

- Attach all relevant receipts and supporting documents to this form.
- Custom categories must be pre-approved by your department manager before submission.
- Ensure all expenses are compliant with the company's reimbursement policy.
- Incomplete forms or missing documentation may result in reimbursement delays.
- Retain copies of this form and related receipts for your records.