

# Expense Reimbursement Report

Employee Name	Jane Doe	Employee ID	12457
Department	Finance	Report Date	2024-06-22
Period Covered	2024-06-01 to 2024-06-20		
Manager	John Smith		

## Expense Details

Date	Description	Expense Category	Amount (USD)	Receipt Attached	Notes
2024-06-03	Taxi to client meeting	Transportation	35.00	Yes	-
2024-06-07	Lunch with client	Meals	24.50	Yes	Client: ABC Ltd.
2024-06-14	Office supplies	Supplies	18.29	No	Stapler, Pens
2024-06-19	Parking fee	Parking	7.00	Yes	-
Total			84.79		

## Bank Details for Reimbursement

Bank Name	ABC Bank
Account Name	Jane Doe
Account Number	9876543210

## Declarations & Signatures

Employee Signature:

Manager Approval:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Notes

- All claimed expenses must be reasonable, necessary, and comply with company policies.
- Receipts are required for all expenses exceeding the company-set limit.
- Submit this form within the specified period after incurring the expenses.
- Falsification may result in disciplinary action or termination.
- Incomplete forms may delay reimbursement processing.