

Reimbursement Summary Calculation

Employee Details

Employee Name	John Doe	Employee ID	EMP12345
Department	Finance	Date	2024-06-15

Reimbursement Items

#	Description	Date	Amount	Remarks
1	Business Travel - Taxi Fare	2024-06-07	\$32.00	Airport to Client Office
2	Accommodation	2024-06-07 to 2024-06-09	\$210.00	3 nights
3	Meals	2024-06-08	\$40.00	Lunch and Dinner
4	Stationery Purchase	2024-06-09	\$18.00	Client Meeting Supplies
			\$300.00	Total

Requested by
(Employee Signature)

Approved by
(Manager Signature)

Important Notes:

- All reimbursement claims must be accompanied by original and valid receipts or supporting documents.
- Ensure all amounts are accurately entered and correspond to submitted receipts.
- Claims should be submitted within the company's stipulated reimbursement period.
- Any false declaration may lead to disciplinary action.
- All fields must be duly filled to avoid processing delays.