

Business Expense Reimbursement

Company Name: _____

Employee Name: _____

Department: _____

Expense Period

From	To

Date	Description	Category	Amount Paid
Subtotal:			
Advance Payment:			
Total Reimbursement:			

Employee Signature: _____

Date: _____

Approval Signature: _____

Date: _____

Notes:

Don't forget to attach receipts

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