

# Expense Reimbursement Form

Employee Name:   
 ID:

**Expense Period**  
 From:   
 To:

Manager Name:   
 Department:

Business Purpose:

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

Note: Mileage reimbursement for personal car = \$0.7/mile

SUBTOTAL   
 Less Cash Advance   
**TOTAL REIMBURSEMENT**

**Don't forget to attach receipts!**

\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Approval Signature Date