Expense Reimbursement Form

Employee Name:
ID:

Manager Name:
Department:

Expense Period	
From:	
To:	

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST
		SUBTOTAL	
		Less Cash Advance	
		TOTAL REIMBURSEMENT	

Note: Mileage reinbursement for personal car = $0.725/mile

Don't forget to attach receipts!

Employee Signature Date

Approval Signature Date