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EXPENSE REIMBURSEMENT

CLAIM NO.	EMPLOYEE NAME	EMPLOYEE ID	DEPARTMENT	PERIOD COVERED

Purpose / project _____

Manager _____ Pay by (bank / payroll / check) _____

Date	Category	Description / vendor	Paid with	Receipt	Amount
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

Total expenses	
Less cash advance	
Less paid on company card	
Amount due to employee	

I certify that these expenses were incurred on company business, have not been claimed before, and receipts are attached where available.

Employee signature / date _____ Approved by / date _____ Processed by / date _____