

# 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\*