

Expense Reimbursement Form

Use this form to request reimbursement for business-related expenses. Please ensure receipts are attached and all fields are completed accurately.

Employee Details

Name: _____

Department: _____

Contact Number: _____

Email: _____

Date Submitted: _____

Expense Details

Date	Description	Amount (\$)	Receipt Attached

Total Amount to Reimburse: \$_____

Additional Notes:

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____