

# Standard Employee Expense Reimbursement Form

Please complete this form, attach all relevant physical receipts, and submit it to the Finance Department for processing.

## Employee Information

Employee Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Manager / Supervisor:	<input type="text"/>
Email Address:	<input type="text"/>	Submission Date:	<input type="text" value="YYYY-MM-DD"/>

## Expense Details

Date of Expense	Description / Business Purpose	Category (e.g., Travel, Meals, Supplies)	Amount (\$)
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	0.00
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	0.00
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	0.00
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	0.00
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	0.00
<b>Total Reimbursement Claimed:</b>			0.00

## Authorization and Signatures

By signing below, the employee certifies that the expenses listed above were incurred for legitimate business purposes and conform to company policy.

Employee Signature:	<input type="text" value="Sign here on printout"/>	Date:	<input type="text" value="YYYY-MM-DD"/>
Manager Approval Signature:	<input type="text" value="Sign here on printout"/>	Date:	<input type="text" value="YYYY-MM-DD"/>