

# Quarterly Executive Expense Reimbursement Form

Instructions: Complete all fields. Print the form, attach physical receipts, obtain necessary signatures, and submit to the finance department.

## 1. Executive Information

Executive Name:	<input type="text"/>	Title:	<input type="text"/>
Department:	<input type="text"/>	Quarter / Year:	e.g., Q1 2024
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>

## 2. Expense Details

Date (MM/DD/YYYY)	Description / Business Purpose	Expense Category	Amount (USD)
<input type="text"/>	<input type="text"/>	e.g., Travel, Lodging, Mea	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Reimbursement Claimed:</b>			<input type="text"/>

## 3. Acknowledgement and Signatures

I hereby certify that the expenses listed above were incurred for legitimate business purposes on behalf of the company and are documented by the attached receipts.

Executive Signature:	Date Signed:
<input type="text"/>	<input type="text"/>
Approving Manager/Board Member Signature:	Date Approved:
<input type="text"/>	<input type="text"/>