

Employee Expense Reimbursement Form

Employee Name: _____

Date of Expense	Expense Type	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Additional Notes:

Total Reimbursement: _____

Payment Type/Check #: _____

Date Received: _____

Employee Sign Here upon Receipt: _____

PLEASE ENCLOSE ORIGINAL RECEIPTS!