

WEEKLY EXPENSE REIMBURSEMENT REQUEST

Payroll Department Template

Employee Name: _____

Employee ID: _____

Department: _____

Week Ending Date: _____

Supervisor/Manager: _____

Job Title: _____

Date	Category	Description / Business Purpose	Amount	Receipt Attached
	<input type="text"/>			<input type="checkbox"/>
	<input type="text"/>			<input type="checkbox"/>
	<input type="text"/>			<input type="checkbox"/>
	<input type="text"/>			<input type="checkbox"/>
	<input type="text"/>			<input type="checkbox"/>
	<input type="text"/>			<input type="checkbox"/>
	<input type="text"/>			<input type="checkbox"/>
	<input type="text"/>			<input type="checkbox"/>

Subtotal	
Less: Cash Advance	
Total Reimbursement	

Employee Signature

Signature: Date:

Manager / Approver Signature

Signature: Date: