

ANNUAL GALA & PROFESSIONAL NETWORKING

Expense Log & Reimbursement Template

Employee Name: _____

Department: _____

Event Name: _____

Event Date: _____

Submission Date: _____

Manager / Approver: _____

DATE	CATEGORY	VENDOR	DESCRIPTION / BUSINESS PURPOSE	RECEIPT ATTACHED	AMOUNT
	▼			<input type="checkbox"/>	
	▼			<input type="checkbox"/>	
	▼			<input type="checkbox"/>	
	▼			<input type="checkbox"/>	
	▼			<input type="checkbox"/>	
	▼			<input type="checkbox"/>	

Subtotal

Tax / Other

Total Reimbursement Claimed

EMPLOYEE SIGNATURE / DATE

MANAGER APPROVAL SIGNATURE / DATE