

# BETA TESTING EXPENSE REIMBURSEMENT

Software Testing Department

Tester Name: \_\_\_\_\_

Tester ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project/Product: \_\_\_\_\_

Beta Phase/Build: \_\_\_\_\_

Submission Date: \_\_\_\_\_

| DATE | CATEGORY (HARDWARE, LICENSE, ETC.) | DESCRIPTION / PURPOSE | RECEIPT ATTACHED (Y/N) | AMOUNT |
|------|------------------------------------|-----------------------|------------------------|--------|
|      |                                    |                       |                        |        |
|      |                                    |                       |                        |        |
|      |                                    |                       |                        |        |
|      |                                    |                       |                        |        |
|      |                                    |                       |                        |        |
|      |                                    |                       |                        |        |

Subtotal: \_\_\_\_\_

Tax / VAT: \_\_\_\_\_

Total Reimbursement: \_\_\_\_\_

\_\_\_\_\_  
Tester Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
QA Lead / Manager Approval Signature

\_\_\_\_\_  
Date