EXPENSE REIMBURSEMENT

Report Date	
Report Number	
Pay Period	

Employee Name

Employee ID

Department

Manager / Approver

Job Title

Email / Phone

Date	Category	Description / Business Purpose	Account / Project Code	Amount

Subtotal	
Advances Received	
Total Reimbursement	

Employee Signature

Date

Manager Approval

Date

Payroll / HR Authorized Signature

Date