[EMPLOYER NAME]

**EMPLOYEE REIMBURSEMENT FORM**

|  |
| --- |
| **EMPLOYEE INFORMATION** |

**Employee Name**: [EMPLOYEE NAME] **Employee ID #**: [EMPLOYEE ID#]

**Department**: [EMPLOYEE DEPARTMENT] **Contact Number**: [EMPLOYEE PHONE #]

**Contact Email**: [EMPLOYEE EMAIL]

**Business Purpose**: [DESCRIBE PURPOSE OF BUSINESS]

|  |
| --- |
| **EMPLOYEE INFORMATION** |

Itemized Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description** | **Payment Method** | **Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ATTACH ALL RECEIPTS Total**: [TOTAL $]

|  |
| --- |
| **SIGNATURES** |

**Employee Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Approval Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Approver Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_