

Employee Expense Reimbursement Request Form

Employee Name

Employee ID

Department

Date of Request

Expense Details

Date	Description	Category	Amount	Receipt Included
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Select ▾"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Select ▾"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Select ▾"/>

Total Amount Requested

Additional Notes / Comments

Employee Signature

Date

Manager Approval

Date