

# 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"/>	<div>Select▼</div>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select▼</div>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select▼</div>

Total Amount Requested

Additional Notes / Comments

Employee Signature

Date

Manager Approval

Date