

Employee Out-of-Pocket Expense Form

Employee Information

Name

Employee ID

Department

Report Date

Expense Details

Date	Description	Category	Amount	Receipt Attached
<input type="text"/>	<input type="text"/>	<div>Select</div>	<input type="text"/>	<div>Select</div>
<input type="text"/>	<input type="text"/>	<div>Select</div>	<input type="text"/>	<div>Select</div>
<input type="text"/>	<input type="text"/>	<div>Select</div>	<input type="text"/>	<div>Select</div>

Total Amount

Notes / Comments

Employee Signature

Date

Manager Approval

Date