

Employee Reimbursement Application

Employee Name

Employee ID

Department

Submission Date

Purpose/Reason

Date	Description	Amount	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select</div>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select</div>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select</div>

Total Amount

Employee Signature

Manager Approval