

# Cash Expense Receipt Form

For Quick Reimbursements

Employee Name

Employee ID / Dept

Date

Purpose / Description

#	Expense Item	Date	Amount	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>			<input type="text"/>	<input type="text"/>

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Employee Signature

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Approver Signature

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Date