



Expense Reimbursement Form Template

Expense Approval:

Expense Reimbursement Form

Employee Name: _____

Manager: _____

Purchase Date	Item Description	Total

Please ensure that all receipts for items listed above are attached to this form.

I certify that the expense(s) listed above are accurately recorded and represent only expenditures made for business purposes.

Signature: _____

Date Submitted: _____