

Employee Reimbursement Form

Name: _____
 Title: _____
 Employer: _____

	Dates of Expense(s)	Payment Method (Out of Pocket or by Business/Corporate Card)	Purpose of Expenditure(s): Please give detailed reasons for all expenditures.
#1			
#2			
#3			
#4			

Summary of Expenses

	Description (Date, Details, Etc)	Air/Rail Travel	Ground Trans	Lodging	Meals	Other	Total
#1							
#2							
#3							
#4							
Expense Report Total							

I certify these are valid business expenses.

Reimburse/Cardholder Signature: _____
 Reimburse/Cardholder Name: _____

Prepared by (Print): _____ Date: _____

I have reviewed these expenses and I believe they are true and accurate.

Approved by (Print): _____ Date: _____

