**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: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Reimburse/Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Approved by (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_