**Expense Reimbursement Form**

**[Business Name]**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_