EMPLOYEE EXPENSE REIMBURSEMENT

Submit with original receipts attached

Employee Name		**Employee ID**	
Department		**Manager**	
Submission Date		**Pay Period**	
Bank Account		**Currency**	USD

Date	Category	Vendor / Payee	Description	Payment Method	Amount
2026-04-02	Meals	Sakura Cafe	Client lunch - ABC Corp	Corporate Card	78.50
2026-04-04	Transport	Uber	Airport to office	Personal	42.10
2026-04-06	Office Supplies	Staples	Printer toner	Personal	96.25
				TOTAL REIMBURSEMENT	**216.85**

Employee Signature:

Date:

Manager Approval:

Date:

Receipt #
R-0001
R-0002
R-0003