

Departmental Expense Reimbursement Request Form

Purpose: This **Departmental expense reimbursement request form** sample streamlines the process of submitting and approving business-related expenses. It ensures accurate documentation and quick reimbursement for employees. Use this form to maintain transparent financial records within your department.

Employee Information

| | |
|----------------|----------------------|
| Name | <input type="text"/> |
| Employee ID | <input type="text"/> |
| Department | <input type="text"/> |
| Date Submitted | <input type="text"/> |

Expense Details

| Date of Expense | Description | Amount (USD) | Category | Receipt Attached |
|---------------------------------------|----------------------|----------------------|---|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Select <input type="button" value="▼"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Select <input type="button" value="▼"/> | <input type="checkbox"/> |
| Total Reimbursement Requested: | | <input type="text"/> | | |

Justification / Notes

Employee Signature

 Date:

Department Approval

| | |
|-------------------------|----------------------|
| Manager/Supervisor Name | <input type="text"/> |
| Signature | <input type="text"/> |
| Date | <input type="text"/> |

Submit Request

Note: Please attach all relevant receipts and supporting documentation for each expense claimed. Incomplete forms may delay the reimbursement process.