

# 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"/>	<div>Select</div>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select</div>	<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.