

# Employee Expense Reimbursement Record Form

**Instructions:** Please accurately fill out the form below to record all business-related expenses. Attach supporting receipts for prompt processing.

Employee Name	Employee ID	
Department	Date Submitted	

## Expense Details

Date	Description of Expense	Expense Category	Amount (USD)	Receipt Attached
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total</b>				

## Employee Certification

I certify that the expenses listed above are accurate, necessary, and incurred for legitimate business purposes.

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Employee Signature Date

## Manager/Approver Review

Reviewed and approved by:

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Manager Signature Date