

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
Total				

Employee Certification

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

Employee Signature Date

Manager/Approver Review

Reviewed and approved by:

Manager Signature Date