



Employee Reimbursement Form

Name: _____

Title: _____

Employer: _____

	Dates of Expense(s)	Payment Method (Out of Pocket or by Business/Corporate Card)	Purpose of Expenditure(s): Please give detailed reasons for all expenditures.
1			
2			
3			
4			
5			
6			
7			
8			
9			

Summary of Expenses

	Description (Date, Details, Etc)	Air/Rail Travel	Ground Trans	Lodging	Meals	Other	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
Expense Report Total							

I certify these are valid business expenses.

Reimburse/Cardholder Signature: _____

Reimburse/Cardholder Name: _____

Prepared by (Print): _____ Date: _____

I have reviewed these expenses and I believe they are true and accurate.

Approved by (Print): _____ Date: _____

