

# Free Expense Reimbursement Form

Title: Free Expense Reimbursement Form

## Section 1: Employee Details

- Name: \_\_\_\_\_
- Employee Number: \_\_\_\_\_
- Department: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## Section 2: Expense Information

- Expense Date: \_\_\_\_\_
- Expense Description:  
\_\_\_\_\_  
\_\_\_\_\_
- Amount: \_\_\_\_\_
- Expense Category:
  - Travel
  - Food
  - Office Supplies
  - Other (Specify): \_\_\_\_\_

## Section 3: Expense Summary

Date	Description	Amount	Category
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Section 4: Total Claim

- Total Reimbursement Amount: \_\_\_\_\_

#### Section 5: Authorization

- Authorized By: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

#### Section 6: Certification

- I declare that the expenses listed are accurate and for business purposes.
- Employee's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_