

# Simple Expense Reimbursement Form

Title: Simple Expense Reimbursement Form

## Section 1: Employee Information


- Full Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Department: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Section 2: Expense Details

- Expense Date: \_\_\_\_\_
- Description of Expense:  
\_\_\_\_\_  
\_\_\_\_\_
- Amount: \_\_\_\_\_
- Expense Category:
  - Travel
  - Meals
  - Supplies
  - Other (Specify): \_\_\_\_\_

## Section 3: Expense Log

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



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

#### Section 4: Reimbursement Total

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

#### Section 5: Approval

- Approved By: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

#### Section 6: Employee Confirmation

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