**Expense Reimbursement Approval Form**

**Employee Details:**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Reimbursement Period: From \_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_**

**Reimbursement Table:**

| **Date** | **Description of Expense** | **Amount Claimed ($)** | **Approved Amount ($)** |
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**Total Claimed Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Total Approved Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approvals:**

* **Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**
* **Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**
* **Finance Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**