**Expense Reimbursement Approval Form**

**Employee Details:**

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

**Reimbursement Table:**

| **Date** | **Description of Expense** | **Amount Claimed ($)** | **Approved Amount ($)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Total Claimed Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Total Approved Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approvals:**

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