

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: _____