



Employee Expense Reimbursement Request

Employee Name: _____ Expense Period: _____

Employee Signature: _____

Expense Date	Expense Description	Amount
	Total Amount Due:	

Received By: _____ Approved: _____ Yes
 _____ No

Paid Date: _____ Check#: _____

PLEASE ATTACH ALL APPLICABLE RECEIPTS TO REIMBURSEMENT REQUEST