

COMPANY EXPENSE REIMBURSEMENT REQUEST

OFFICIAL EXPENDITURE CLAIM | ITEMIZED RECEIPT LOG | PAYROLL DISBURSEMENT APPROVAL

Employee Name: _____ Employee ID: _____ Date: _____
Department: _____ Supervisor: _____ Claim Period: From ____ To ____

Primary Business Purpose: _____

Date	Expense Category	Merchant / Vendor	Business Description & Attendees	Receipt?	Amount (USD)
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____
MM/DD	_____	_____	_____	☐ Y ☐ N	\$ _____

EMPLOYEE CERTIFICATION & PAYMENT METHOD

I certify that all expenses claimed above were incurred for legitimate company business purposes in accordance with corporate travel & expense policies, and valid receipts are attached.

Disbursement: ☐ Direct Deposit (Payroll) ☐ Company Check

Total Itemized Expenses: \$ _____

Less Cash Advance / Prepaid: - \$ _____

NET REIMBURSEMENT DUE: \$ _____

EMPLOYEE CLAIMANT

Signature: _____

Date: _____

SUPERVISOR / MANAGER APPROVAL

Signature: _____

Approval: ☐ Approved Date: ____

FINANCE / ACCOUNTS PAYABLE

Audited By: _____

Disbursed On: ____ Ref #: ____