Employee Expense Reimbursement Form

Complete the first half of this form before making any business-related purchases using personal methods of payment. This form may be submitted to your manager or a human resources representative for approval.

Name			
Job title & department			
Manager			
Expected Purchase Date	Item	Description	Amount
			bbh
		TOTAL	
		101112	Ÿ
Your request has been: Explanation Approved Denied			
Manager signature Date signed			
HR signature Date signed			

EMPLOYEE REIMBURSEMENT TEMPLATE | 1

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