



How to Use this Document:

On the following page is the Employee Expenses Reimbursement Form. Delete this cover page and distribute among your organization.

EMPLOYEE EXPENSES REIMBURSEMENT FORM

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Expenses Reimbursement Form

Please complete the first half of this form prior to 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
TOTAL			\$ -

Your request has been:

Approved

Denied

Manger Signature: _____ **Date Signed:** _____

HR Signature: _____ **Date Signed:** _____