

Insert Company Name
 Insert Company Address

Company Logo

Expense Reimbursement Form

Employee Name: _____ Employee ID: _____ Designation: _____
 Department: _____ Mileage Rate: _____
 Purpose: _____ Period: _____ To _____

Date	Description	Transportation			Food & Accomodation				Mileage			Misc. Expenses	Daily Total
		Air	Ground	Taxi	Lodging	Breakfast	Lunch	Dinner	Miles	Tolls	Parking		
1/1/2021													
Totals													

Summary	
Total Expense	
Advance	
Reimbursment	

Reimbursement Amount: _____

 Employee Signature

 Approved By