



EXPENSE REIMBURSEMENT FORM

Employee name:

Employee ID:

Manager/Supervisor name:

Department:

Purchase Date	Item Description	Total
Grand Total		

Note: Please ensure that all receipts for items listed above are attached to this form.

I certified that the expenses listed above are accurately recorded and represent only expenditure made for business purposes.

Signature _____ Date submitted: _____

FOR HR OFFICE USED:

Remarks:

Signature:
 Checked by:
 Position:
 Date: