

REIMBURSEMENT FORM



First Name:		Last Name:		Employee ID:	
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Enter expenses below.

Expense Type	Client	Date	Amount	Details

Please note that employees must file expense reports no later than 30 days following the completion of the trip or of incurring the expense.

PLEASE ATTACH RECEIPTS FOR EACH EXPENSE

Employee Signature:		Date:	
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Note: Reimbursement will not be provided without a dated receipt.

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved: _____
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Supervisor Signature:		Date:	
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