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EXPENSE REPORT WITH ADVANCE REIMBURSEMENT

EXPENSE PERIOD

From:

To:

EMPLOYEE INFORMATION

Name

Employee ID

Supervisor

Department

ITEMIZED EXPENSES

PAYMENT DATE

ITEM DESCRIPTION

CATEGORY

NOTES

COST

			TOTAL	
EMPLOYEE SIGNATURE			TOTAL CASH ADVANCE	
APPROVER SIGNATURE			TOTAL REIMBURSEMENT	

☐ I have attached all the necessary receipts to this expense report