



# Expense Reimbursement

Employee Name:   
 ID:


Manager's Approval:   
 Shop or Department:

Business Purpose:

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST
SUBTOTAL			
Less Cash Advance			
TOTAL REIMBURSEMENT			

Note: Mileage reimbursement for personal car = \$0.58/mile

**Don't forget to attach receipts!**

\_\_\_\_\_  
**Employee Signature** Date

\_\_\_\_\_  
**Approval Signature** Date

Authorized approval signatures:  
 Owner/President/Director Human Resources

*To be completed by Finance Department:*

Date of Reimbursement	
Amt of Reimbursement	
Check number	
Signature	

### INSTRUCTIONS

To the greatest extent possible all products, materials and consumables will purchased by the company from approved vendors on a schedule that will ensure the shops and office have the necessary items to conduct the business of the company. On rare occasions a manager or employee may find it necessary to purchase an item or incur an expense for the company. On these occasions the employee will, within five days of incurring the expense submit a completed Expense Reimbursement Form to the Director of Finance via their manager. Only the Company Owner, President, and Director of Human Resources will have final approval of expense reimbursements. All reimbursements will be paid within five days of the Department of Finance receiving the approved Expense Reimbursement Form. The Director of Finance will ensure the ensure their appropriate portion of the form is completed. Only company checks will be issued for reimbursement payments. Providing reimbursement by way of bartering, advance pay, included in biweekly paycheck, or any method other than a company check for the specific reimbursement is strictly prohibited.