

# Expense Reimbursement Statement

## Employee Information

Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Date:	<input type="text"/>

## Expense Details

Date	Description	Category	Amount (USD)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount to be Reimbursed (USD):

## Employee Certification

I hereby certify that the above expenses were incurred for business purposes and are in accordance with company policy.

Employee Signature:	<input type="text"/>	Date:	<input type="text"/>
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## For Office Use Only

Reviewed By:	<input type="text"/>	Approved By:	<input type="text"/>
Date Reviewed:	<input type="text"/>	Date Approved:	<input type="text"/>