

Expense Reimbursement Form

Employee Name:
Department :

Date Submitted

Manager Name:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	ACCT #	COST

	SUBTOTAL	
	Less Cash Advance	
	TOTAL REIMBURSEMENT	\$ -

Note: Mileage reimbursement for personal car inside Palm Beach= \$1/trip
Miles traveled outside of Palm Beach = \$0.67 cents

Don't forget to attach receipts!

Employee Signature _____ Date _____

Approval Signature _____ Date _____

Reconciled by:
Date: