

REIMBURSEMENT REQUEST FORM

Employee Name: _____ Employee ID: _____

Department: _____ Supervisor: _____

Employee Certification and Signature:

I certify that the above expenses were incurred by me in the performance of my duties and are in accordance with company policies. I understand that any false statements or misrepresentations may result in disciplinary action, including termination and possible legal action.

Employee Signature

Date

Date of Expense	Category	Description	Amount (USD)
Signature: _____			
Supervisor Approval:			
I have reviewed the above reimbursement request and supporting documentation, and I approve this expenditure in accordance with company policy.			
Supervisor Signature			Date

Total Amount Requested: _____ **USD**
 Signature: _____

Purpose and Justification of Expenses:

Finance Department Use Only:

Please provide a clear and detailed explanation justifying the expenses claimed above. Attach any supporting documentation, such as receipts, invoices, or approvals required by company policy. This section may be expanded by attaching additional pages if necessary.

Approved for Payment: _____

Payment Method: _____

Payment Date: _____

Finance Officer Signature: _____

This Reimbursement Request Form and all supporting documentation constitute a legally binding record under United States law. Submission of this form certifies compliance with all applicable laws, regulations, and company policies.

Original source of this document:

<https://formdocs-us.com/reimbursement-form/>

Did you find this template helpful?

Find more updated templates at:

<https://formdocs-us.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.