Entity Name_____

Employee Expense Reimbursement Request Form 2026

NOTE: MILEAGE REIMBURSEMENT NO LONGER INCLUDED HERE. SEPARATE FORM CREATED FOR 2026

Note: Expenses dated past 90 days must be approved by the CFO pior to submitting the Expense Report to the Accounts Payable Department.

EMPLOYEE INFORMATION:

Name: _____ **Department Name** _____

Home Address: _____ **Department#:** _____

City, State, Zip: _____ **Bus. Phone #:** _____

DATE: _____ **Date Submitted :** _____

Payroll Use Only

AUDITED AND APPROVED FOR PAYMENT:

By:

Date:

Amount:

Date of Expense	Description (location, business purpose, name of attendees, business relationship, etc.)									Other	Misc.**	Total	Expense/Account CODE
													Please indicate code in this column what expense account to charge
												$ -	
												$ -	
												$ -	
												$ -	
												$ -	
												$ -	
												$ -	
												$ -	
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												$ -	
												$ -	
												$ -	
		$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	
											Total	$ -	

Date

Associate's Signature

Manager's Signature Date

Finance Approval Date

**** If listing an expense as Misc., provide the applicable sub-account in the Description**