



TEAM MEMBER EXPENSE REIMBURSEMENT

ATTACH ALL ORIGINAL RECEIPTS FOR ALL CHARGES INCLUDE ALL MEALS AND MEAL TIPS – DO NOT INCLUDE MILEAGE										ACCOUNTING DEPT USE ONLY	
										ACCOUNT CHARGED	AMOUNT
SECTION ONE	NAME					LAST DAY OF TRAVEL					
	MAILING ADDRESS					APARTMENT #					
	CITY, STATE, ZIP CODE					EMPLOYEE ID #					
TRAVEL	DATE		SUN	MON	TUES	WED	THURS	FRI	SAT	TOTALS	
	CITY	FROM									
		TO									
MEALS	BREAKFAST										
	LUNCH										
	DINNER										
	TOTAL MEALS									1	
TRIPS/LODGING	AIRFARE										
	RENTAL CAR										
	RENTAL CAR GAS										
	PARKING, TOLLS										
	BUS, TAXI, ETC.										
	LODGING										
	OTHER TRAVEL RELATED – DESCRIBE										
TOTAL TRIPS/LODGING									2		
OTHER CHARGES NOT LISTED ABOVE									3		
ITEMS CHARGED DIRECTLY TO THE COMPANY											
TOTAL COMPANY PAID										4	
SECTION TWO	STORE OR COST CENTER					A. TOTAL EXPENSES (1+2+3)					
	BUSINESS PURPOSE					B. LESS: PAID DIRECTLY BY COMPANY (4)					
	TM SIGNATURE				DATE	C. TOTAL PAID BY TEAM MEMBER (A-B)					
	APPROVALS	SUPERVISOR									
OFFICER					AMOUNT DUE <input type="checkbox"/> TEAM MEMBER <input type="checkbox"/> COMPANY						



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