# 2021 Expense Reimbursement Request

**Employee:** Please turn in Expense Reimbursement Request sheet to your supervisor/property manager by the end of each month. Reimbursements are issued on paydates in an envelope with an circled R. Contact your supervisor/property manager if more than two pay periods have passed and you have not received your reimbursement. Keep a copy of the completed and signed form until you receive the reimbursement. Please ensure you sign the form.

**Supervisor:** After receiving this form from the employee, follow established procedures to submit the form and please ensure to sign below.

## Expense Details

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<tr>
<th>Date</th>
<th>Description</th>
<th>Start</th>
<th>End</th>
<th>Total Miles</th>
<th>Parking</th>
<th>Meals</th>
<th>Other Expenses</th>
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**Current Mileage Rate:** 0.560

- **Total Miles:** 0
- **Mileage Cost:** $0.00
- **Total Parking:** $0.00
- **Total Meals:** $0.00
- **Total Others:** $0.00

**Employee Signature:**

**Supervisor Signature:**

**Total Reimbursement:** $0.00

**Additional Notes:**

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Expense Reimbursement Request Form

Instructions

First ensure you read the instructions at the top of the form.

**Name:** Type the name of the person requesting the reimbursement.

**Job Title:** Type the Job Title of the person requesting the reimbursement.

**Request Date:** Type the date (MM/DD/YYYY) in which you completed the request form and provided the form to your supervisor/property manager.

**Date:** Type the date of the action.

**Description:** Type one or two word for the reason for the expense i.e. Chicago-Paylocity, Louisville-NTI, Company Training. If more words are required, indicate by typing “Read Back” in the cell. After you print, explain the description on the back of the page.

**ODOMETER:**

**Start:** Record the odometer reading at the Start Point if requesting mileage reimbursement for this action.

**End:** Record the odometer reading at the Destination if requesting mileage reimbursement for this action.

**Total Miles:** The total miles are automatic calculated.

**Parking:** Type the amount of any paid parking for the date and attach a copy of the receipt when you turn in the form. **ENSURE YOU RECEIVE ITEMIZED RECEIPTS**

**Meals:** Enter the total amount for meals for this date and attach a copy of the receipts when you turn in the form. **ENSURE YOU RECEIVE ITEMIZED RECEIPTS**

**Other Expenses:** Plane tickets, hotel fees, luggage fees, public transportation fees that are business related. Ensure to attach the receipts when you turn in the form. **ENSURE YOU RECEIVE ITEMIZED RECEIPTS**

Please Press Enter to ensure the last thing you type is added correctly.

**Employee Signature:** Self Explanatory

**Supervisor/Property Manager Signature:** Self Explanatory