

LOVE AT FIRST BITE



Expense reimbursement request

Employee name: _____

Date	Description	Reason for cost	Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Total expenses to be claimed: \$ _____

Employee Signature: _____ Date: _____

Return all signed and completed forms to the Operations Manager. **Don't forget to attach your receipts.** Reimbursement may be denied if information is incomplete or legitimacy of reimbursement claim is in question.

Operations Manager Use Only

Request received: (date) _____ Approved expenses for reimbursement _____

Approved by: _____ Date: _____

Date reimbursement check cut: _____ Initials confirming process completed: _____