

# Finezi

## Finezi - Expense Reimbursement Form

Employee Name: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

### SUMMARY

Total From This Page 0.00  
 Less: Company Prepaid \_\_\_\_\_  
**Total To Be Paid By Company 0.00**

### PERSONAL MILEAGE RECORD

DESCRIPTION	MILES	@ \$ 0.25/Mile
		0.00
		0.00
		0.00
<b>Total:</b>		<b>0.00</b>

### MISCELLANEOUS EXPENSE

TYPE	AMOUNT
Parking/Tolls	
Relocation expense brought forward	0.00
<b>Total:</b>	<b>0.00</b>

### SALES TRAINING/MEETING EXPENSE

DESCRIPTION	Hotel	Air/Rail	Misc
<b>Total:</b>			<b>0.00</b>

### AIR, RAIL, AND AUTO RENTAL EXPENSES

DESCRIPTION	Air	Rail	Auto
<b>Total:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

**Grand Total 0.00**

Prior approval for reimbursement must be obtained.

You must attach receipts for any expense to be considered for payment(except Mileage).

Reason For Expense: \_\_\_\_\_

Expenses will be reimbursed to you through payroll.

Employee Signature: \_\_\_\_\_

All expenses reported are, to the best of my knowledge, qualified business expenses.

Accounting Mgr. Approval: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

I have reviewed the Expense Report and to the best of my knowledge it is both accurate and complete.

Date Paid: \_\_\_\_\_

Check # \_\_\_\_\_

## Finezi Relocation Expense Detail

Employee Name: \_\_\_\_\_ #VALUE!

SOCIAL SECURITY #: \_\_\_\_\_ #VALUE!

Date	Business Name	Detail	Purpose	Amount	Tip	Total
						0.00
						0.00
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				0.00	0.00	0.00

Total: