**Add logo here  
  
Business Expense Reimbursements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date reimbursed:** |  |  | **Business check number:** |  |

|  |  |
| --- | --- |
| **Recipient** |  |

**VEHICLE\*: Parking and tolls**

Operating and maintenance expenses

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Miles (if reimbursed by standard mileage) |  | miles X |  | per mile = |  |

**BUSINESS MEALS AND ENTERTAINMENT**

|  |  |
| --- | --- |
| **Person entertained:** |  |

|  |  |
| --- | --- |
| **Place, date, and time:** |  |

|  |  |
| --- | --- |
| **Business purpose:** |  |

|  |  |
| --- | --- |
| **Continuing education:** |  |

|  |  |
| --- | --- |
| **Disability insurance:** |  |

|  |  |
| --- | --- |
| **Dues and licenses:** |  |

|  |  |
| --- | --- |
| **Business gifts\*\*:** |  |

|  |  |
| --- | --- |
| **Medical expenses:** |  |

|  |  |
| --- | --- |
| **Office supplies:** |  |

|  |  |
| --- | --- |
| **Postage:** |  |

|  |  |
| --- | --- |
| **Professional publications:** |  |

|  |  |
| --- | --- |
| **Telephone:** |  |

|  |  |
| --- | --- |
| **Travel:** |  |

|  |  |
| --- | --- |
| **Other (specify):** |  |

|  |  |
| --- | --- |
| **Total reimbursement:** | $ |

\*Vehicle expenses are reimbursed for operating and maintenance or standard mileage, but not both. Parking and tolls are reimbursed in addition.

\*\*Business gifts are limited to $25 per recipient.

Attach all receipts to this voucher. File in an accessible place in the event of an audit.

I verify that all expenses listed above are eligible business-related expenses reimbursable to me.

|  |  |
| --- | --- |
| **(Employee signature and date)** |  |

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