**COMPANY:** Zen Brands

**FOR OFFICE USE ONLY**

# REIMBURSEMENT REPORT

**PURPOSE:** _____ **DATES:** FROM _____ TO _____

**EMPLOYEE INFORMATION:**

NAME _____ POSITION _____ SUPERVISOR _____

| Date | Vendor | Supplies | Hotel | Transport | Fuel | Meals | Phone | Entertainment | Misc. | Total |
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| **Totals** | | | | | | | | | | |
| **APPROVED BY** | | | | **NOTES:** | | | | | **SUBTOTAL** | |
| **DATE:** | | | | | | | | | **ADVANCES** | |
| **PPE:** | | | | | | | | | **TOTAL** | |

***Instructions:*** Complete Reimbursement Report, ensuring all sections are complete.
Affix (staple or tape) receipts to this form, unless a separate sheet is necessary. If receipts are on a separate paper, staple the paperwork to this Reimbursement Form.
Once completed and receipts are prepared, print this form and obtain approval from Office Manager, unless direct report is otherwise stated on your job description.
Submit approved Reimbursement Report and receipts to Payroll.