

Use one form per claim period. List each expense on its own row, attach an itemized receipt for every row, and submit the form to your manager within the deadline set by practice policy.

Employee name: _____	Employee ID: _____
Job title: _____	Department / location: _____
Manager / approver: _____	Date submitted: _____ mm / dd / yyyy
Claim period from: _____ mm / dd / yyyy	to: _____ mm / dd / yyyy

Date of expense	Category	Description and business purpose	Cost center / code	Patient-related?	Receipt attached?	Amount (\$)
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
				Y / N	Y / N	
Subtotal						
Less cash advance already received						
Total to reimburse						

3. REIMBURSEMENT METHOD

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4. EMPLOYEE DECLARATION

- ☐ Each expense listed was paid by me for practice business.
- ☐ An itemized receipt is attached for every expense listed.
- ☐ None of these expenses has been claimed before or paid by another source.
- ☐ I will return any amount reimbursed above my actual costs.

Employee signature: _____

Date: _____ mm / dd / yyyy

5. MANAGER APPROVAL

- ☐ Approved in full ☐ Partially approved ☐ Rejected

Approved amount (\$): _____

Needs second sign-off? Yes / No _____

Reason for any partial approval or rejection

Manager name: _____

Signature: _____

Date approved: _____ mm / dd / yyyy

Second approver (if required): _____

6. FOR FINANCE USE ONLY

Date received: _____ mm / dd / yyyy

Accounting reference: _____

Amount paid (\$): _____

Date paid: _____ mm / dd / yyyy

Payment method used: _____

Processed by: _____

Notes

File this form with its receipts in the employee's expense record and the practice's financial records. Keep both for as long as your accountant advises for tax records.