# **AVDI** Expense Reimbursement Form

Employee Name:			Expense Period
		From:	
		To:	
Job Location:			
	Business Purpose: (if applicable)		l

### **Itemized Expenses**

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL \$ -

Less Cash Advance

TOTAL REIMBURSEMENT \$ -

## Don't forget to attach receipts!

Employee Signature

Date

Approval Signature

Date

email completed form and supporting documents to paperwork@avdiusa.com Questions regarding reimbursement should be directed to paperwork@avdiusa.com. All requests for reimbursement

**** Categories ****
Business Cards
Business Meals
Dues
Legal Fees
License Fees
Mileage
Office Supplies
Passport fee
Postage
Printer Cartridges
Printer Paper
Software
Stationery
Subscriptions
Telephones
Tools
Training Fees
Travel
Work Clothing
Other

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