							1							
Expense Reimbursement Form	Company I							Employee/	Owner Nam	ne				
Period:	From				То									
Notes: 1) Please do not type in the gray be														
Annual Cost of Expenses Related to Your I	Home Office.	You may tra	ack by month	n or just rep	ort annual	totals, but e	estimates ar	e not accep	table, actua	ls only.				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Mortgage Interest													\$	-
Mortgage Insurance (aka PMI)													\$	-
Real Estate Tax													\$	-
Homeowners or Rental Insurance													\$	-
Rent													\$	-
Jtilities: Gas, Electric													\$	-
Jtilities: Water													\$	-
Jtilities: Home Telephone													\$	-
HOA Dues													\$	-
House Repairs & Maintenance													\$	-
Office-specific Repairs & Maintenance													\$	-
Other Expenses													\$	_
•		1				•	1		Home Offic	ce Expense	Reimburse	ement	#DI	V/0!
Fotal Home Office Square Footage Home Office Percentage Used	#DIV/0!	J												
Cell Phone	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Total Paid Personally (not by business)													\$	-
Enter Business Use %														
Cell Phone Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
			-		-		-		Cell Phone	Reimburse	ment		\$	-
nternet	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Total Paid Personally (not by business)													\$	-
Enter Business Use %														
nternet Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
									Internet Re	eimburseme	ent		\$	-
Mileage	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Personal Miles														C
Business Miles														C
Business %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DI	V/0!
Mileage Reimbursement (58.5 ₡ /mile)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
									Mileage Re	imburseme	nt		\$	-

Other Expenses Paid Personally, on behalf	f of the busin												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	1.
Office Supplies													\$ -
Travel (flights, taxis)													\$ -
Lodging													\$ -
Parking													\$ -
Business Meals													\$ -
	Office Supplies Reimbursement \$												
Travel/Lodging/Parking Reimbursen												rsemt	\$ -
		Meals Reimbursement											\$ -
Total Reimbursement Due to Employee/O	wner												
Home Office Expense Reimbursement	#DIV/0!												
Cell Phone Reimbursement	\$ -												
Internet Reimbursement	eimbursement \$ - (when booking this withdrawal from your accounting software, be sure to break the reimbursements into the categories												
leage Reimbursement \$ - listed on the left, do not book the withdrawal to owner's draw or shareholder's distribution, otherwise it won't be deductible)													
ffice Supplies Reimbursement \$ -													
Travel/Lodging/Parking Reimbursemt	\$ -												
Meals Reimbursement	\$ -												
	#DIV/0!	_		Date Checl	k Paid or Mo	oney Transfe	erred						
Adequant substantiation must be accompli law. Such documentary evidence shall indiany other necessary, related information.	cate the amou	nt, description	n indicating t	he particular	nature of the	e expense, tir	me, place an	d business p	urpose or use	of any auth	orized busi	ness expens	
The company desires to establish an expen 1) Except as otherwise noted in Part II belo Company only if the expenses are adequate 2) Under no circumstances will The Compan understand that this requirement is necess 3) All expenses must be substantiated with 4) All charges to company credit cards mus 5) Advances that are not substantiated with	w, any person ely substantiat ny reimburse e ary to prevent in a reasonable t be substantiahin a reasonab	now or herea ed as require employees for our expense e period of tin ited in the sa le period of t	after employed by the Compressives or pressives or pressives or pressives or pressives or pressives or pressives or compressives or compressive or compressives or compressive or compressives or compressive or compressiv	d by shall be pany policy of professional ent plan from Company polics the above neturned (pai	reimbursed for expense reexpenses incuber being classificy statement oned reid back) within	for any ordina eimbursemen urred on beha ied as a "non t of substanti imbursement n a reasonab	ary and nece ts. (See polic alf of that are -accountable ation for wh ts. le period of t	ssary busines by memo.) e not properl e" plan. at constitute time. ²	y substantiat	ed. The Com	pany and e		of The
1 Must be 60 days or less after the expense 2 Must be 120 days or less after the expense	•												
Employee/Owner Signature:				Date:									