Expense Reimbursement Form	Company I	Name					]	Employee/	Owner Nam	ie				
Period:	From				То			]						
Notes: 1) Please do not type in the gray bo	oxes, those ar	e formulas.	2) It is you	responsibi	lity to save	all receipts.		•						
Annual Cost of Expenses Related to Your H	Home Office.	You may tra	ick by month	n or just rep	ort annual t	otals, but e	stimates are	e not accept	able, actual	s 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													\$	-
Utilities: Gas, Electric													\$	-
Utilities: Water													\$	-
Utilities: Home Telephone													\$	-
HOA Dues													\$	-
House Repairs & Maintenance													\$	-
Office-specific Repairs & Maintenance													\$	-
Other Expenses													\$	-
		-	-	-		-	-	-	Home Office	e Expense	Reimburse	ement	#DIV/	0!
Total Home Square Footage													•	
Total Home Office Square Footage														
Home Office Percentage Used	#DIV/0!													
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	imburseme	ent		\$	-
Mileage	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Personal Miles														0
Business Miles														0
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!	#DIV/	0!
Mileage Reimbursement (65.5 ₡ /mile)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
									Mileage Re	imburseme	ent		\$	-

Other Expenses Paid Personally, on behal	f of the busine	ess												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Office Supplies													\$	-
Travel (flights, taxis)													\$	-
Lodging													\$	-
Parking													\$	-
Business Meals													\$	-
									Office Supp	olies Reimb	ursement		\$	-
		Travel/Lodging/Parking Reimbursemt												-
		Meals Reimbursement											\$	-
Total Reimbursement Due to Employee/C	)wner													
Home Office Expense Reimbursement	#DIV/0!													
Cell Phone Reimbursement	\$ -													
Internet Reimbursement	\$ - (when booking this withdrawal from your accounting software, be sure to break the reimbursements into the categories													
Mileage Reimbursement	\$ - listed on the left, do not book the withdrawal to owner's draw or shareholder's distribution, otherwise it won't be deductible)													
Office Supplies Reimbursement														
Travel/Lodging/Parking Reimbursemt														
Meals Reimbursement	\$ -	_		_										
	#DIV/0! Date Check Paid or Money Transferred													
Adequant substantiation must be accompl law. Such documentary evidence shall ind other necessary, related information. All s	icate the amou	nt, descriptio	n indicating t	he particular	nature of the	e expense, tii	me, place an	d business p	urpose or use	of any autho	rized busir	ness expens		/
The company desires to establish an expen 1) Except as otherwise noted in Part II belo Company only if the expenses are adequat 2) Under no circumstances will The Compa that this requirement is necessary to preve 3) All expenses must be substantiated with 4) All charges to company credit cards mus 5) Advances that are not substantiated wit  1 Must be 60 days or less after the expense 2 Must be 120 days or less after the expense	ow, any person ely substantiation reimburse ent our expense in a reasonable to be substantiahin a reasonab	now or herea ed as require employees for e reimbursem e period of tir ited in the sai le period of ti	offer employed by the Combustiness or pent plan from me. See our Combustiness or pent plan from me manner as time must be rempany wants	d by shall be pany policy corressional of the being classi Company policy the above returned (paint) to qualify fo	reimbursed for expense re expenses incu fied as a "non icy statement mentioned rei d back) withi	for any ordina imbursemen urred on beha n-accountable t of substanti imbursement n a reasonab ate" safe har	ary and nece ts. (See police alf of that are e" plan. ation for whees. le period of the	essary busine by memo.) e not proper nat constitute time. <sup>2</sup> tiation rule.	ly substantiato	ed. The Com	pany and e			
Employee/Owner Signature:				Date:										