							_							
Expense Reimbursement Form	Company N	ompany Name						Employee/	Owner Nam	ie				
Period:	From		То											
Notes: 1) Please do not type in the gray b	oxes, those ar	e formulas.	2) It is your	responsibi	lity to save	all receipts.								
Annual Cost of Expenses Related to Your I	Home Office.	You may tra	ick by month	n or just rep	ort annual t	totals, but e	stimates are	e not accept	able, actua	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 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)				<u> </u>	<u> </u>			<u> </u>					\$	-
Enter Business Use %														
Cell Phone Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
		! -							Cell Phone	Reimburse	ment		\$	-
Internet	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Total Paid Personally (not by business)													\$	-
Enter Business Use %														
Internet Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
									Internet Re	eimburseme	ent		\$	-
A d'Il	1	E.L		•		1			6	0.1				
Mileage	Jan	Feb	Mar	Apr	May	Jun	Jul I	Aug	Sep	Oct	Nov	Dec		
Personal Miles														0
Business Miles	#50.4/61	#51/404	#DD / / 0.1	#D1/401	#DD://O!	#DD / / 0.1	#DIV / 0 !	#01/401	#D1/401	#D1//01	#DD 1/01	#01/401	1150.1	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/	U!
Mileage Reimbursement (67¢/mile)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
									ivilleage Re	imburseme	ent		\$	-

Other Expenses Paid Personally, on behalf	f of the busin	ess												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Office Supplies													\$	-
Travel (flights, taxis)													\$	-
Lodging													\$	-
Parking													\$	-
Business Meals													\$	-
									Office Supp	lies Reimbu	irsement		\$	-
		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)													
ffice Supplies Reimbursement \$ -														
Travel/Lodging/Parking Reimbursemt	\$ -													
Meals Reimbursement	\$ -	_		_										
	#DIV/0!	_		Date Chec	k Paid or Mo	oney Transf	erred							
Adequant substantiation must be accompliaw. Such documentary evidence shall indother necessary, related information. All s 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 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 with 1 Must be 60 days or less after the expense 2 Must be 120 days or less after the expense	icate the amou suporting docur ase reimbursem w, any person ely substantiat ny reimburse e ent our expense in a reasonable t be substantia hin a reasonab	ment policy pu nent policy pu now or herea ed as require employees for e reimbursem e period of tin ated in the sa alle period of t	ursuant to Regarter employed by the Commer blan from me. 1 See our Comme must be romany wants	he particular bstantiaition 3. 1.62-2, upo d by shall be pany policy corofessional on being classiful company policy the above neturned (paint) to qualify fo	on the following reimbursed for expenses incurrent field as a "nor icy statement in entioned reid back) withing the "fixed discounter the "fixed discounte	e expense, ti lable for insp ing terms and for any ordin imbursement urred on beh n-accountable tof substant imbursement n a reasonab	dection and conditions: ary and nece ts. (See police alf of that are e" plan. ation for wh ts. le period of t	d business poriginals reta ssary busine cy memo.) e not proper at constitute time. ²	urpose or use ined for your i	of any autho records for up ional expens ed. The Comp	rized busing to seven y es incurred pany and en	ess expense years. on behalf o	es and any	
Employee/Owner Signature:				Date:										