COMPANY: Top Flight Distribution, LLC

FOR OFFICE USE ONLY

REIMBURSEMENT REPORT

PURPOSE: _____ **DATES:** FROM _____ TO _____

EMPLOYEE INFORMATION:

NAME _____ POSITION _____ SUPERVISOR _____

Date	Vendor	Supplies	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
Totals										
APPROVED BY				**NOTES:**					**SUBTOTAL**	
DATE:									**ADVANCES**	
PPE:									**TOTAL**	

Instructions: Complete Reimbursement Report, ensuring all sections are complete.
Affix (staple or tape) receipts to this form, unless a separate sheet is necessary. If receipts are on a separate paper, staple the paperwork to this Reimbursement Form.
Once completed and receipts are prepared, print this form and obtain approval from Office Manager, unless direct report is otherwise stated on your job description.
Submit approved Reimbursement Report and receipts to Payroll.