

**\*\*Reimbursement Request Template\*\***

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**\*\*[Your Name]\*\***

**\*\*[Your Position]\*\***

**\*\*[Department/Organization Name]\*\***

**\*\*[Contact Information]\*\***

**\*\*[Date]\*\***

**\*\*To:\*\***

**\*\*[Appropriate Approver's Name]\*\***

**\*\*[Approver's Position]\*\***

**\*\*[Department/Organization Name]\*\***

**\*\*Subject:\*\*** Reimbursement Request for [Description of Expenses]

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**\*\*1. Expense Details:\*\***

- **\*\*Date of Expense:\*\*** [MM/DD/YYYY]

- **\*\*Description of Expense:\*\*** [Brief description of what the expense was for]

- **\*\*Amount:\*\*** \$[Total Amount]

**\*\*2. Expense Justification:\*\***

- [Provide a brief explanation of why this expense was incurred and how it relates to your work.]

**\*\*3. Attachments:\*\***

- [List any attached documents, such as receipts or invoices.]

**\*\*4. Payment Method:\*\***

- **\*\*Preferred Method of Reimbursement:\*\***

- [ ] Direct Deposit

- [ ] Check

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Thank you for considering my reimbursement request. Please let me know if you need any further information.

**\*\*Best regards,\*\***

**\*\*[Your Name]\*\***

**\*\*[Your Position]\*\***

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**\*\*Attachments:\*\***

1. [Receipt/Invoice 1]

2. [Receipt/Invoice 2]

3. [Receipt/Invoice 3]