

Client Expense Reimbursement Checklist

Date: **[Date]**

Client Name: **[Client Name]**

Project Name: **[Project Name]**

Checklist

- Completed Expense Report Form:
- Receipts attached for all expenses:
- Expense categories clearly marked:
- Approval signature obtained:
- Submission deadline adhered to:
- Any additional documentation included:

Notes

Please ensure all documents are submitted by **[Submission Deadline]**

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]