

## PROOF OF EMPLOYMENT

This document is required in order to confirm that the person who paid the expenses is employed by the company who will receive the reimbursement when proofs of payment provided are under the name of an employee instead of the company's name.

This document will be kept in our files to be used for further reimbursement requests. Please fill in and print this document on your company's letter head, and mail us the original copy duly signed.

COMPANY'S NAME : \_\_\_\_\_

EMPLOYEE'S NAME (person who paid the expenses) : \_\_\_\_\_

EMPLOYEE'S TITLE : \_\_\_\_\_

EMPLOYEE'S ADDRESS : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYED SINCE : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE PERSON IN CHARGE (other than the employee mentioned above)

Name of the person in charge (in block letters) : \_\_\_\_\_

Title of the person in charge : \_\_\_\_\_