**Employee Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Employee ID: |  |
| Department: |  | Job Title: |  |
| Contact Number: |  | Email Address: |  |

**Expense Claim Details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Expense Type** | **Description** | **Amount** | **Currency** | **Receipt Attached (Yes/No)** | **Approved (Yes/No)** | **Notes** |
|  |  |  |  |  |  |  |  |
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**Total Amount Claimed:**

|  |  |  |  |
| --- | --- | --- | --- |
| Amount: |  | Currency: |  |

**Purpose of Expenses:**

Please provide a brief description of the purpose of these expenses:

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| --- |
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**Employee Certification:**

I certify that the above expenses were incurred for legitimate business purposes and that the information provided is accurate and complete.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Signature: | Signature | Date: |  |

**Supervisor/Manager Approval:**

I have reviewed the above expenses and approve them for reimbursement.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor/Manager’s Name: | ` | | |
| Supervisor/Manager’s Signature: | Signature | Date: |  |

**Finance Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Received By: |  | Date: |  |
| Processed By: |  | Date: |  |
| Approved By: |  | Date: |  |
| Payment Date: |  | Date: |  |

Comments:

|  |
| --- |
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