

Employee Reimbursement Request Form

Employee Information

Full Name

Employee ID

Department

Email Address

Contact Number

Date

Expense Details

Date	Description	Category	Amount	Receipt Attached
<input type="text"/>	<input type="text" value="e.g., Taxi fare"/>	<input type="text" value="Travel"/>	<input type="text"/>	<input type="text" value="Yes"/>
<input type="text"/>	<input type="text" value="e.g., Stationery"/>	<input type="text" value="Travel"/>	<input type="text"/>	<input type="text" value="Yes"/>
Total Amount			<input type="text"/>	

Additional Remarks

Employee Declaration

☐ I hereby declare that the above expenses were incurred for official business purposes and the information provided is accurate to the best of my knowledge.

Employee Signature

Date

Important Notes

- Attach all supporting documents and original receipts for each claim.
- Ensure all expenses comply with company policy before submission.
- Incomplete forms or missing receipts may lead to delays or rejection.
- Fraudulent claims will be subject to disciplinary action.
- Review and approval from department head is mandatory for all requests.