

Employee Reimbursement Request Form

Employee Information

Full Name	Enter full name
Employee ID	Enter employee ID
Department	Enter department
Email Address	Enter email address
Contact Number	Enter contact number
Date	

Expense Details

Date	Description	Category	Amount	Receipt Attached
	e.g., Taxi fare	Travel		Yes
	e.g., Stationery	Travel		Yes
Total Amount				

Additional Remarks

Add any remarks or explanation

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.