

Receipts-Attached Expense Claim Document

Claimant Information

Name	John Doe
Employee ID	123456
Department	Marketing
Date of Submission	2024-07-10

Expense Details

Date	Description	Category	Amount	Receipt Attached
2024-07-01	Taxi from airport to hotel	Transportation	\$35.00	Yes
2024-07-02	Lunch with client	Meals	\$48.00	Yes
2024-07-03	Stationery purchase for event	Supplies	\$22.50	Yes

Total Amount Claimed	\$105.50
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Approval

Supervisor Name	Jane Smith
Signature	_____
Date	_____

Important Notes

- All listed expenses must be supported by attached official receipts.
- Incomplete forms or missing receipts may result in delayed processing.
- Expenses should comply with the company's reimbursement policy.
- Ensure all information is accurate before submission.
- Attach this document and all original receipts when submitting the claim.