

# Departmental Expense Claim Form

(For Internal Administrative Use Only)

Department

Claimant Name

Employee ID

Date of Claim

Contact Number

Expense Period

Expense Details

Date	Description	Account Code	Amount (USD)	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>			<input type="text"/>	<input type="text"/>

Purpose of Expenses

Supporting Documents Attached

Claimant's Signature:

Date:

Department Head Approval:

Date:

Finance Review:

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Date:

**Important Notes:**

- All expenses must be supported by original receipts or valid documentation.
- Claims should be submitted within the stipulated period as per departmental policies.
- Incomplete or inaccurate forms may result in delays in processing or rejection.
- Approval from the department head is mandatory before submission to the finance office.