

Departmental Expense Claim Form

(For Internal Administrative Use Only)

Department

Claimant Name

Employee ID

Date of Claim

Contact Number

Expense Period

e.g. 01-Jun-2024 to 15-Jun-2024

Expense Details

Date	Description	Account Code	Amount (USD)	Remarks
Total				

Purpose of Expenses

Supporting Documents Attached

List of attached receipts, etc.

Claimant's Signature:

Date:

Department Head Approval:

Date:

Finance Review:

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.