

# Standard Staff Expense Claim Form

## Personal Details

Full Name

Employee ID

Department

Date of Claim

## Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached
<input type="text"/>	<input type="text"/>	Travel <input type="button" value="v"/>	<input type="text"/>	Yes <input type="button" value="v"/>
<input type="text"/>	<input type="text"/>	Travel <input type="button" value="v"/>	<input type="text"/>	Yes <input type="button" value="v"/>
<input type="text"/>	<input type="text"/>	Travel <input type="button" value="v"/>	<input type="text"/>	Yes <input type="button" value="v"/>
<b>Total</b>				

Purpose / Justification of Claim

Employee Signature

Date: \_\_\_\_\_

Supervisor/Manager Approval

Date: \_\_\_\_\_

## Important Notes

- All expenses must comply with the company's expense policy.
- Original receipts should be attached for every claim where possible.
- Incomplete forms or missing documentation may delay reimbursement.
- Claims must be submitted within the timeframe specified by company policy.

- Manager's approval is mandatory for processing the expense claim.