

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="▼"/>	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="▼"/>
<input type="text"/>	<input type="text"/>	Travel <input type="button" value="▼"/>	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="▼"/>
<input type="text"/>	<input type="text"/>	Travel <input type="button" value="▼"/>	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="▼"/>
Total				

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.