

Reimbursement Expense Receipt

Receipt No.: _____ Date: _____

Employee Name: _____ Department: _____

Designation: _____ Employee ID: _____

Purpose of Expense:

Date	Description	Receipt/Invoice No.	Amount (in USD)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount:			_____

Remarks:

Employee Signature
Date: _____

Supervisor/Approver Signature
Date: _____

Important Notes:

- Attach original receipts/invoices with this form for audit verification.
- All expense claims must comply with the company's reimbursement policy.
- Any incomplete or unauthorized claims will not be processed.
- Ensure all details are accurate and legible before submission.
- This document serves as support for financial audit and record-keeping.