

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.