

Expense Reimbursement Submission Form

Employee Details

Name

Enter your full name

Department

Enter department

Submission Date

Expense Details

Date	Description	Category	Amount	Receipt Attached
<div></div>	<div>Eg: Travel to client s</div>	<div>Travel</div>	<div></div>	<div>Yes</div>
<div></div>	<div></div>	<div>Travel</div>	<div></div>	<div>Yes</div>

Total Amount Claimed

Additional Notes

Enter details if required

Employee Signature

Manager Approval

Date

Important Notes

- All claims must be supported by valid receipts where applicable.
- Ensure expense categories align with company policy.
- Submission should be done within the stipulated period (e.g., 30 days from expense date).
- Approvals from the respective manager or supervisor are mandatory before processing.
- Incomplete forms may result in delayed reimbursement.

