

# Expense Reimbursement Submission Form

## Employee Details

Name

Enter your full name

Department

Enter department

Submission Date

## Expense Details

Date	Description	Category	Amount	Receipt Attached
<input type="text"/>	Eg: Travel to client site	Travel <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>
<input type="text"/>	<input type="text"/>	Travel <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>

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.

