

Standard Reimbursement Claim Document

Claimant Details

Full Name

John Doe

Employee ID / Reference

EMP123456

Department

Finance

Contact Number

(123) 456-7890

Claim Details

Date of Claim

Total Amount (USD)

Purpose / Reason of Claim

E.g. Travel expense for client meeting

Expense Breakdown

Date	Description	Amount (USD)	Receipt Attached
	Taxi fare		Yes / No
	Lunch with client		Yes / No

Bank Details (for reimbursement)

Bank Name

ABC Bank

Account Number

1234567890

IFSC / Routing Number

ABCD0123456

Claimant Signature

Date:

Approver Signature

Date:

Important Notes

- Ensure all required supporting receipts are attached for claimed expenses.
- Incomplete or inaccurate information may lead to claim rejection or delay.
- Submit the claim within the stipulated timeline as per company policy.
- For any clarifications, contact your HR or Finance department.