

# Simple Expense Report

**Report Date:**

2024-06-03

**Employee Name:**

John Doe

**Department:**

Finance

**Employee ID:**

EMP-00123

**Period Covered:**

May 2024

Date	Description	Category	Amount (USD)
2024-05-04	Client Meeting Lunch	Meals	35.00
2024-05-08	Taxi to Airport	Transportation	28.50
2024-05-15	Hotel Stay	Accommodation	180.00
2024-05-20	Office Supplies	Supplies	22.75
Total			266.25

**Remarks / Notes:**

All receipts have been attached as supporting documents.

**Employee Signature:**

**Date:**

**Important Notes:**

- Ensure all expenses claimed are backed by valid receipts or supporting documents.
- Only business-related expenses are eligible for reimbursement.
- Fill out all required fields clearly and accurately.
- Obtain necessary approvals before submitting this report.
- Submit within your organization’s expense submission deadlines.