Credit Card Expense Submission Form

Employee Name

Department

Credit Card Number (Last 4 digits)

Expense Period

MM/DD/YYYY - MM/DD/YYYY

Date	Merchant/Vendor	Description	Category	Amount	Receipt Attached
			Select ▼		Select ▼
			Select ▼		Select ▼
			Select ▼		Select ▼
			Total		

Additional Remarks (if any):

Employee Signature

Name / Signature

Date

Manager Approval

Name / Signature

Date

Important Notes:

- All claims must be supported by original and valid receipts.
- Personal expenses are strictly prohibited and will not be reimbursed.
- Please ensure details are accurate and complete to avoid processing delays.
- Submission deadline is within 7 days after the end of the expense period.
- Management reserves the right to reject incomplete or noncompliant submissions.