

Monthly Expense Claim Submission Form

Employee Name

Employee ID

Department

Month Select Month

Year

Designation

Expense Details

No.	Date	Description	Category	Amount (USD)	Receipt Attached
1	<input type="text"/>	<input type="text"/>	Travel <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>
2	<input type="text"/>	<input type="text"/>	Travel <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>
3	<input type="text"/>	<input type="text"/>	Travel <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>

Total Amount Claimed

Remarks

Employee Signature Date

Manager Approval Date

Important Notes

- All expenses must be supported by valid receipts.
- Submit claims within 7 days after month-end.
- Ensure expenses comply with company reimbursement policy.
- Incomplete forms or missing approvals will delay processing.
- Keep copies of this document and all receipts for your records.