

Standard Expense Claim Form

Employee Information

Full Name

Employee ID

Department

Date

Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached
<input type="text"/>	<input type="text" value="e.g. Taxi fare"/>	<div>Travel</div>	<input type="text"/>	<div>Yes</div>
<input type="text"/>	<input type="text" value="e.g. Hotel stay"/>	<div>Travel</div>	<input type="text"/>	<div>Yes</div>
Total Amount			<input type="text"/>	

Purpose/Remarks

State the purpose of the expense

Employee Signature

Date:

Supervisor Approval

Date:

Important Notes:

- All expenses must be supported by original receipts where applicable.
- Claims must be submitted within the policy-stipulated period after incurring expenses.
- Ensure all fields are completed clearly and accurately to avoid delays.
- Falsification of claims may result in disciplinary action.