

Standard Expense Claim Form

Employee Information

Full Name	Enter full name
Employee ID	Enter employee ID
Department	Enter department
Date	

Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached
	e.g. Taxi fare	Travel		Yes
	e.g. Hotel stay	Travel		Yes
Total Amount				

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.