

# Corporate Expense Reimbursement Settlement

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Designation: \_\_\_\_\_

Settlement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Submission Reference  
No.: \_\_\_\_\_

## Expense Details

Date	Expense Type	Description	Amount (â,¹)	Receipt Attached
____ / ____ / _____	_____	_____	_____	Yes / No
____ / ____ / _____	_____	_____	_____	Yes / No
____ / ____ / _____	_____	_____	_____	Yes / No
<b>Total</b>			_____	

Amount in Words: \_\_\_\_\_

Purpose of Expenses: \_\_\_\_\_

\_\_\_\_\_

Employeeâ€™s Signature

Date: \_\_\_\_\_

Managerâ€™s Approval

Date: \_\_\_\_\_

Finance Verification

Date: \_\_\_\_\_

## Important Notes

- Attach all supporting receipts/invoices for claimed expenses.
- Only expenses in compliance with company policy will be reimbursed.
- Incomplete forms or missing approvals may cause delays in settlement.
- Any falsification will result in disciplinary action.
- Keep a copy of this form for your records.