

# 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: \_\_\_\_\_

\_\_\_\_\_

Employee's Signature  
 Date: \_\_\_\_\_

Manager'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.