

Simplified Expense Settlement Statement

Employee Details

Name: _____

Employee ID: _____

Department: _____

Claim Details

Statement No: _____

Period Covered: _____

Date of Submission: _____

Expense Summary

Date	Expense Description	Category	Amount	Remarks
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
			Total: _____	

Settlement Details

Total Expenses Claimed: _____

Advance Taken (if any): _____

Amount Settled: _____

Employee Signature: _____

Date: ____/____/____

Approver Name & Signature:

Date: ____/____/____

Important Notes

- Ensure all supporting documents and receipts are attached with this statement.
- This form is intended for routine, business-related expense settlements only.
- Incomplete forms may delay the settlement process.
- All claims are subject to company's expense policy verification.
- False claims may result in disciplinary action.