

# 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
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
<b>Total:</b> _____				

## 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.