

Expense Request Form

REQUESTER INFORMATION

Employee Name	Jane Doe
Employee ID	EMP10234
Department	Operations
Date of Request	2024-06-17

EXPENSE DETAILS

Date	Description	Category	Amount
2024-06-15	Client Lunch Meeting	Meals & Entertainment	\$58.00
2024-06-16	Round-trip Taxi Fare	Travel	\$32.50
2024-06-16	Printing Project Materials	Office Supplies	\$21.20
Total			\$111.70

PAYMENT INFORMATION

Payment Method	Reimbursement (Bank Transfer)
Bank Account	****5678
Payable To	Jane Doe

APPROVAL

Manager Approval	YES
Manager Name	Robert Wilson
Date Approved	2024-06-17

IMPORTANT NOTES

- Ensure all expenses have attached, valid, and readable receipts.
- Only business-related expenses are reimbursable.
- Total amount claimed must not exceed your department’s monthly limit.
- Approvals are required before payment processing.
- Keep a copy of this form and receipts for your records.