

Standardized Bank Statement Form for Expense Claims

Account Holder Information

Name:

Account Number:

Bank Name:

Branch:

Statement Details

Statement Period From:

To:

Transaction Details

Date	Description	Reference/Remarks	Debit	Credit	Balance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

I hereby declare that the above information and attached documents are true and accurate to the best of my knowledge.

Signature:

Date:

Important Notes

- Ensure that all information provided matches your official bank statement.
- All supporting documents must be legible and correspond with transaction entries.
- This form is required for processing expense claims and must be duly completed and signed.
- Any false information may lead to rejection of the claim and further action.
- Retain a copy of this document for your records.