

# Expense Payment Request

Request No:

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Date:

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Department:

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Requested By:

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Employee ID:

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Contact Email:

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Description	Date	Category	Amount	Remarks
<b>Total</b>				

Payment Method (Bank/Transfer/Cash):

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Bank Account Details (if applicable):

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Attachments / Supporting Documents:

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Requested By

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Verified By

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Approved By

**Important Notes:**

- All expense claims must be supported by original receipts or valid supporting documents.
- Ensure all sections are fully completed before submission.
- Requests without required approvals will not be processed.
- This form may be subject to audit and verification at any time.
- Please retain a copy of this document for your records.