

# Expense Payment Request

Request No:

Date:

Department:

Requested By:

Employee ID:

Contact Email:

Description	Date	Category	Amount	Remarks
			Total	

Payment Method (Bank/Transfer/Cash):

Bank Account Details (if applicable):

Attachments / Supporting Documents:

Requested By

Verified By

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.