

ABC Solutions Ltd.

Expense Approval Authorization Form

Document No: _____

Date: _____

Department: _____

1. Requestor Details

Employee Name	Employee ID	Designation	Contact
_____	_____	_____	_____

2. Expense Details

Date	Expense Description	Category	Amount (USD)	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

3. Purpose of Expense

4. Authorization & Approval

Requested By

Date: _____

Reviewed By (Dept. Head)

Date: _____

Authorized By (Finance)

Date: _____

Important Notes:

- All expenses must be supported by valid receipts and original documents.
- Incomplete forms or missing approvals will delay reimbursement.
- False or fraudulent claims may result in disciplinary action including termination.
- This form is to be retained for company record and audit purposes.
- Please refer to the company expense policy for full details on claimable items.