

# Expense Approval Authorization Form

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Purpose of Expense:

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Description of Expense	Date Incurred	Amount (Currency)	Remarks
Total Amount:			

Requested by:

Date: \_\_\_\_\_

Approved by:

Date: \_\_\_\_\_

## Important Notes:

- Ensure all expenses listed are supported by valid receipts or documentation.
- This authorization must be approved by the authorized personnel before any reimbursement.
- Incomplete forms may result in delay or denial of expense approval.
- Please retain a copy of the approved form for your records.