

Expense Approval Authorization Form

Date: _____

Name of Employee: _____

Department: _____

Purpose of Expense:

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.