

Employee Expense Receipt

Receipt Number: _____ Date: ____/____/_____
Employee Name: _____ Employee ID: _____
Department: _____ Contact: _____

Expense Details

Date	Description	Category	Amount	Receipt Attached
____/____/____	-----	-----	-----	Yes / No
____/____/____	-----	-----	-----	Yes / No
Total			-----	

Purpose / Notes

Employee Signature

Date: ____/____/_____

Approver Signature

Date: ____/____/_____

Important Notes

- All expenses must be accompanied by valid receipts as evidence of payment.
- Ensure all fields are completed before submission for timely processing.
- Falsification of this document may result in disciplinary action.
- Submit this form according to your company's expense policy guidelines.