

Employee Reimbursement Claim Form

Employee Name

Full Name

Employee ID

Employee ID

Department

Designation

Date of Claim

Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached
<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>

Total Amount Claimed (USD)

Remarks / Reason for Claim

Employee Signature:

Date:

Manager / Supervisor Approval:

Date:

Important Notes:

- All claims must be supported by relevant receipts or proof of payment.
- Submit the form within the specified timeframe as per company policy.
- Falsification of information may result in disciplinary action.
- Keep copies of all submitted documents for your records.
- Managerial approval is required before reimbursement is processed.