

# Standard Employee Expense Report Form

Employee Name

Employee ID

Department

Expense Report Period

e.g. 2024-06-01 to 2024-06-07

Date Submitted

## Expense Details

Date	Description / Purpose	Category	Amount	Receipt Attached
<input type="text"/>	<input type="text"/> e.g. Lunch with c	<input type="text"/> e.g. Meals	<input type="text"/>	<input type="text"/> Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes / Comments

Employee Signature

Manager Approval

## Important Notes

- All expenses must be supported with original receipts where possible.
- Ensure accuracy of all provided information before submitting for approval.
- Submit completed forms within the policy-defined reporting period.

- Fraudulent claims may lead to disciplinary action.