

Monthly Office Expense Claim Document

Employee & Claim Details

Employee Name	John Doe	Employee ID	EMP12345
Department	Finance	Month & Year	June 2024
Date Submitted	30/06/2024	Total Amount Claimed	\$325.00

Expense Details

Date	Description	Category	Amount (\$)	Remarks
03/06/2024	Printer Paper	Office Supplies	50.00	-
10/06/2024	Client Lunch	Entertainment	90.00	Receipt attached
14/06/2024	Taxis to Meeting	Transportation	35.00	-
18/06/2024	Stationery	Office Supplies	40.00	-
22/06/2024	Courier Charges	Logistics	45.00	-
28/06/2024	Internet Reimbursement	Utilities	65.00	Home office
				\$325.00

Signatures

Employee Signature:

Manager Approval:

Finance Verification:

Important Notes

- Ensure all expenses are supported by valid receipts.
- Claims should be submitted by the 5th of the following month.
- Company policy prohibits claiming personal or unapproved items.
- Incomplete forms may delay reimbursement processing.
- Manager and finance approvals are mandatory for claims to be paid.