

# Standard Office Expense Bill Submission

Employee Name

Employee ID

Department

Submission Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Report Period

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Expense Details

Date	Description	Category	Amount	Remarks
____ / ____ / ____	____	____	____	____
____ / ____ / ____	____	____	____	____
____ / ____ / ____	____	____	____	____
<b>Total:</b>				_____

## Declaration

I hereby certify that the above expenses are accurate, necessary, and incurred for official business purposes.

Employee Signature

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## For Office Use Only

Approved By

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature

## Important Notes

- Attach valid and legible receipts/invoices for all claimed expenses.
- Ensure all expenses comply with company policy and guidelines.

- Submit the completed form to the finance department within the specified time frame.
- Incomplete submissions may delay reimbursement.
- For queries, contact your department administrator or HR.