

Standard Office Expense Bill Submission

Employee Name

Employee ID

Department

Submission Date

Report Period

From ____ / ____ / ____ To ____ / ____ / ____

Expense Details

Date	Description	Category	Amount	Remarks
____ / ____ / ____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____
			Total:	_____

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.