

Uniform Reimbursement Self-Declaration

Employee Name:

Enter your full name

Employee ID:

Enter your employee ID

Department:

Enter your department

Financial Year / Period of Claim:

e.g., 2024-2025

Date of Declaration:

Declaration

I hereby declare that I have purchased the prescribed official uniform(s) for work and am submitting a claim for reimbursement in accordance with the company's uniform reimbursement policy.

I further declare that the claim amount pertains solely to the uniform(s) purchased for official use and that I

Signature:

Type your name or leave for physical signature

Place:

Enter place

Important Notes:

- This format may accompany invoice copies as supporting evidence.
- Furnishing false information may lead to disciplinary action.
- Claims submitted without adequate documentation will not be processed.
- The declaration must be filled in by the claimant themselves.
- All details should be clear and accurate to avoid delays.