

# Business Expense Reimbursement Claim Form




Employee Name

Employee ID

Department

Supervisor Name

Date of Submission

Date	Description	Category	Amount (USD)	Receipt Attached
<input type="text"/>	<input type="text"/>	Travel 	<input type="text"/>	<input type="text" value="Yes/No"/>
<input type="text"/>	<input type="text"/>	Travel 	<input type="text"/>	<input type="text" value="Yes/No"/>
<input type="text"/>	<input type="text"/>	Travel 	<input type="text"/>	<input type="text" value="Yes/No"/>

Total Amount Claimed (USD)

Purpose of Expenses

Employee Signature

Date

**Important Notes:**

- Attach valid receipts for each expense item claimed.
- Claims must comply with company reimbursement policies and limits.
- Incomplete or inaccurate submissions may cause delays in processing.
- Submit the form within the required timeframe after the expense is incurred.
- Falsification of claims may result in disciplinary action.