

Monthly Expense Reimbursement Statement

Name: _____

Employee ID: _____

Department: _____

Month: _____

Designation: _____

Date of Submission: _____

Expense Details

S/N	Date	Expense Type	Description	Amount (â,¹)	Remarks
1	____/____/____	Travel	_____	_____	_____
2	____/____/____	Meal	_____	_____	_____
3	____/____/____	Other	_____	_____	_____
Total Amount Claimed				â,¹ _____	

Employee's Signature

Manager's Approval

Important Notes

- Attach all original receipts or supporting documents for reimbursement.
- Ensure expenses comply with company policies and guidelines.
- Submit the form within the specified timeframe for prompt processing.
- Amount claimed must match provided receipts; discrepancies may delay approval.
- Incomplete forms may be returned or rejected by the approving authority.