

# Monthly Expense Reimbursement Statement

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Month: \_\_\_\_\_  
Designation: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

## Expense Details

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

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.