

Expense Reimbursement Receipt Submission

Submission Form / Proof of Reimbursement

Employee Name: _____
Employee ID: _____
Department/Division: _____
Submission Date: _____

Expense Details:

Date	Description	Receipt Number/ID	Category	Amount (Currency)
Total:				

Purpose of Expenses: _____

Employee's Signature
Date: _____

Supervisor/Manager Approval
Date: _____

Important Notes:

- All expenses must be accompanied by original, valid receipts.
- Incomplete forms or missing documentation may result in processing delays.
- Ensure all claimed expenses comply with company reimbursement policies.
- Submission must be made within the allowable reporting period.
- Manager's approval is mandatory before processing reimbursement.