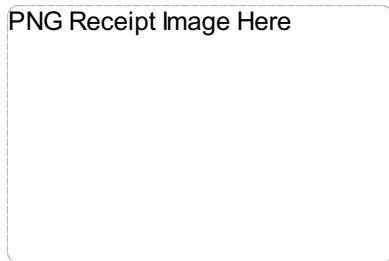


PNG Receipt Submission Format

Employee & Claim Details

Employee Name	Jane Doe
Employee ID	123456
Department	Finance
Date of Expense	2024-05-10
Expense Category	Travel - Taxi
Amount	\$45.00

Receipt Image (PNG)



Receipt Number	TX789654
Merchant Name	City Taxi Co.
Date on Receipt	2024-05-10

Submission & Approvals

Submitted By	Jane Doe
Date Submitted	2024-05-12
Approver Name	Mark Lee
Approval Status	Pending

Important Notes

- Ensure the uploaded receipt image is clear and in PNG format only.
- Receipt details must match the claim information provided.
- Only original, unaltered receipts are accepted for reimbursement.
- Incomplete submissions or missing receipt images may result in rejection of the claim.
- Retain original physical receipts until reimbursement is confirmed.