

Departmental Reimbursement Claim Sheet

Department

Enter department name

Claimant Name

Enter claimant's name

Date

Employee ID

Enter employee ID

Claim No.

(optional)

Claim Details

#	Date	Description / Purpose	Category	Amount (\$)	Remarks (if any)
1	<div></div>	<div>e.g. Travel to client location</div>	<div>e.g. Travel</div>	<div></div>	<div></div>
2	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Total Amount (\$):				<div></div>	<div></div>

Remarks / Comments

Additional notes or explanation (if any)

Prepared by / Claimant

Date:

Checked by (Dept. Head/Manager)

Date:

Approved by (Finance/Others)

Date:

Important Notes:

- Attach all relevant supporting documents (invoices, receipts, tickets, etc.) with this form.
- Claims must be submitted within the stipulated timeframe as per company policy.
- Ensure all details are accurate and amounts claimed are justified.
- This form should be authorized by appropriate departmental and finance approvers.
- Incomplete or improperly filled claim sheets may result in delay or rejection of reimbursement.

