

# 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	<input type="text"/>	e.g. Travel to client location	e.g. Travel	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Amount (\$):</b>					<input type="text"/>

## Remarks / Comments

Additional notes or explanation (if any)

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Prepared by / Claimant

Date: \_\_\_\_\_

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Checked by (Dept. Head/Manager)

Date: \_\_\_\_\_

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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.

