

CORPORATE SEMINAR EXPENSE CLAIM SHEET

CLAIMANT INFORMATION

Employee Name:

Department:

Job Title:

Email / Extension:

SEMINAR & EVENT DETAILS

Event Title:

Location / Venue:

Start Date:

End Date:

ITEMIZED EXPENSES

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT?	AMOUNT

Total Expenses	
Less: Cash Advance	
Net Claim Amount	

Claimant Signature

Date:

Authorized Approver Signature

Date: