

CORPORATE CLUB & ASSOCIATION DUES REIMBURSEMENT

Expense Claim Form

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

MANAGER / SUPERVISOR

CLUB / ASSOCIATION DETAILS

NAME OF CLUB / ORGANIZATION

MEMBERSHIP TYPE

PROFESSIONAL

CIVIC/COMMUNITY

ATHLETIC/SOCIAL

MEMBERSHIP ID / ACCOUNT NUMBER

MEMBERSHIP PERIOD (FROM - TO)

BUSINESS PURPOSE & JUSTIFICATION (BENEFIT TO THE CORPORATION)

EXPENSE DETAILS

TRANSACTION DATE	DESCRIPTION / BILLING ITEM	RECEIPT ATTACHED?	AMOUNT
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
TOTAL CLAIM AMOUNT			

AUTHORIZATIONS & APPROVALS

EMPLOYEE SIGNATURE & DATE

MANAGER / SUPERVISOR APPROVAL & DATE

DEPARTMENT HEAD APPROVAL & DATE

FINANCE / HR AUTHORIZATION & DATE

Submission Guidelines:

- All claims must be accompanied by proof of payment and invoice copy highlighting the membership period.
- Prior managerial approval is required for all social and athletic club memberships.
- Submit completed and authorized forms to the Finance Department for processing.