CORPORATE HOSPITALITY & GIFTS

Expense Claim & Declaration Template

EMPLOYEE NAME:

DEPARTMENT:

EMPLOYEE ID:

SUBMISSION DATE:

DATE	RECIPIENT NAME & TITLE	RECIPIENT COMPANY	BUSINESS PURPOSE / RELATIONSHIP	TYPE (GIFT/HOSP.)	AMOUNT

Total Hospitality	
Total Gifts	

> **Compliance Declaration:** By signing below, the claimant certifies that all expenses detailed above were incurred in connection with official corporate business, are accurate, and comply fully with the Company's Anti-Bribery, Corruption, and Gifts Policy. All expenditures above the standard threshold have received pre-approval where required.

Claimant Signature

Date: _____

Authorizing Manager Signature

Date: _____