

UNIFORM REIMBURSEMENT

Employee Claim Sheet

Claim No.	
Date	

EMPLOYEE DETAILS

Employee Name

Employee ID

Department

Job Title

Manager / Supervisor

Email / Extension

EXPENSE ITEMIZATION

DATE OF PURCHASE	ITEM DESCRIPTION (BRAND, TYPE, COLOR)	QTY	UNIT PRICE	TOTAL PRICE	RECEIPT ATTACHED

Subtotal	
Tax / VAT	
Total Claim Amount	

I hereby certify that the expenditures listed above were incurred by me solely for the purchase of approved company uniforms in accordance with the organization's payroll and uniform policies. I confirm that all listed items are eligible for reimbursement and that original receipts are attached as proof of purchase.

Employee Acknowledgement

.....
Employee Signature Date

Manager / Supervisor Approval

.....
Authorized Signature Date

Human Resources Review

.....
HR Representative Signature Date

Payroll Department Processing

.....
Payroll Administrator Signature Date