EXPENSE CLAIM REPORT

ERP SYSTEM INTEGRATION TEMPLATE

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT / COST CENTER

MANAGER / APPROVER

REPORT DATE

EXPENSE PERIOD START

EXPENSE PERIOD END

ERP REFERENCE NO.

DATE	EXPENSE CATEGORY / GL	DESCRIPTION / BUSINESS PURPOSE	VENDOR / MERCHANT	PROJECT CODE	NET AMOUNT	TAX / VAT	TOTAL AMOUNT	RCPT
								☐
								☐
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								☐

NOTES / ERP IMPORT COMMENTS

Subtotal (Net Amount)

Total Tax / VAT

Less: Cash Advance

Reimbursement Total

EMPLOYEE SIGNATURE

Date: _____

AUTHORIZED APPROVER

Date: _____

FINANCE / ERP POST VERIFICATION

Date: _____