TECHNOLOGY UPGRADE EXPENSE CLAIM

FORM: EXP-SOFT-2024

EMPLOYEE INFORMATION

Employee Name

Employee ID

Department

Manager / Approver

Submission Date

UPGRADE JUSTIFICATION & PURPOSE

Software Name & Version

Business Justification for Upgrade

EXPENSE BREAKDOWN

ITEM / LICENSE DESCRIPTION	LICENSE TYPE	QTY	UNIT PRICE	TOTAL PRICE
			Grand Total	

Payment Method Used

☐ I have attached all receipts / proof of purchase

EMPLOYEE SIGNATURE

Date: _____

MANAGER APPROVAL

Date: _____

IT DEPARTMENT AUTHORIZATION

Date: _____