TOLL & PARKING REIMBURSEMENT

Expense Claim Form

Employee Name:

Employee ID:

Department:

Manager / Approver:

Submission Date:

Claim Period:

DATE	PURPOSE & DESTINATION / ROUTE DETAILS	TOLL FEES ($)	PARKING FEES ($)	RECEIPT	TOTAL ($)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
	TOTAL CLAIM AMOUNT				

SUBMISSION GUIDELINES

- Please attach original physical or digital receipt copies for all claimed tolls and parking expenses.
- Claims must be submitted within thirty calendar days of the occurrence of the expense.
- For toll payments made via automated transponders, please attach an official statement indicating the specific trips.

Employee Signature Date

Authorized Approver Signature Date