

EXPENSE REIMBURSEMENT CLAIM FORM

Claim Reference: _____

Payroll & Expense Department

Date Submitted: _____

Employee Name		Employee ID	
Department		Job Title	
Manager/Approver		Email Address	

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT ATTACHED?	AMOUNT

Subtotal	
Tax / Other	
Total Claim	

Instructions for Submission:

1. All expense claims must be accompanied by original receipts or digital proof of purchase.
2. Claims must be submitted within 30 days of incurring the expense.
3. Please obtain management authorization prior to submitting this form to the payroll department.

Employee Signature

Manager / Approver Signature

Date

Date