

TEAM BUILDING SPEND REIMBURSEMENT FORM

Employee Details

Employee Name

Department

Email Address

Approving Manager

Activity Details

Team Building Activity / Event Name

Date of Event

Number of Attendees

Activity Description & Purpose

Expense Breakdown

Date of Expense	Category (e.g., Food, Transport, Venue)	Vendor / Merchant Name	Receipt Attached	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Subtotal:	<input type="text"/>
Tax / Other:	<input type="text"/>
Total Reimbursement Claim:	<input type="text"/>

Employee Signature

Date

Manager Signature (Approval)

Date