

# Business Expense Claim Sheet

Employee Name

Department

Claim Period

e.g. June 1-7, 2024

Date Submitted

Date	Description	Category	Amount	Receipt?
<div></div>	<div></div>	<div></div>	<div></div>	<div>Yes/No</div>
<div></div>	<div></div>	<div></div>	<div></div>	<div>Yes/No</div>
<div></div>	<div></div>	<div></div>	<div></div>	<div>Yes/No</div>
<div></div>	<div></div>	<div></div>	<div></div>	<div>Yes/No</div>
<div></div>	<div></div>	<div></div>	<div></div>	<div>Yes/No</div>
Total			<div></div>	<div></div>

Employee Signature

Date

Manager Approval

Date

