

Corporate Expense Reimbursement Claim Form

Employee Name

Employee ID

Department

Claim Date

Expense Period

e.g. Jun 1 - Jun 15, 2024

Purpose of Claim

Expense Details

Date	Expense Type	Description	Amount	Currency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select ▾

Total Amount

Remarks / Notes

Employee Signature

Date

Manager Approval

Date