

Employee Expense Tracker & Reimbursement Form

Employee Name

Employee ID

Department

Manager/Supervisor

Expense Period

Purpose/Description

Describe the reason for expenses

Expense Items

Date	Expense Type	Description	Amount (USD)	Receipt Attached
<input type="text"/>	<div>Select</div>	<input type="text"/>	<input type="text"/>	<div>Select</div>
<input type="text"/>	<div>Select</div>	<input type="text"/>	<input type="text"/>	<div>Select</div>
<input type="text"/>	<div>Select</div>	<input type="text"/>	<input type="text"/>	<div>Select</div>

Total Amount Claimed (USD)

Remarks (if any)

Employee Signature

Date

Approver / Finance Signature