

# Employee Expense Tracker & Reimbursement Form

Employee Name

Employee ID

Department

Manager/Supervisor

Expense Period

e.g., 2024-06-01 to 2024-06-30

Purpose/Description

Describe the reason for expenses

## Expense Items

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

Total Amount Claimed (USD)

Remarks (if any)

Employee Signature

Date

Approver / Finance Signature