

Basic Expense Claim Form

Employee Name

Department

Date of Claim

Claim Period

Claim ID

Expense Details

Date	Description	Category	Amount	Receipt?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>	

Additional Notes

Employee Signature & Date

Manager Approval & Date