

Corporate Expense Claim Template

Employee Name

Enter your name

Employee ID

Enter your ID

Department

Department name

Date Submitted

Date	Description	Category	Amount	Receipt Attached
	Expense details	Category		Yes/No
	Expense details	Category		Yes/No
	Expense details	Category		Yes/No

Total Amount**Remarks / Notes**

Additional information or comments

Employee Signature

Date

Manager Approval

Date