

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
<div></div>	<div>Expense details</div>	<div>Category</div>	<div></div>	<div>Yes/No</div>
<div></div>	<div>Expense details</div>	<div>Category</div>	<div></div>	<div>Yes/No</div>
<div></div>	<div>Expense details</div>	<div>Category</div>	<div></div>	<div>Yes/No</div>

Total Amount

Remarks / Notes

Additional information or comments

Employee Signature

Date

Manager Approval

Date