Itemized Expense Claim Sheet

Claimant Name

Department

Date

Period

e.g. 2024-06-01 to 2024-06-15

No.	Date	Expense Item	Category	Description	Amount	Receipt?
1			e.g. Travel			☐
2			e.g. Meals			☐
3			e.g. Lodging			☐
4			e.g. Other			☐
					Total	

Notes / Comments

Claimant Signature / Date

Approver Signature / Date