

# Employee Expense Claim Form

Employee Name

Employee ID

Department

Claim Date

Contact Email

Manager Name

Expense Details

Date	Description	Expense Type	Amount	Receipt #
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Total Amount Claimed

Currency

USD

Additional Notes / Comments

Employee Signature Date: \_\_\_\_\_

Manager Approval Date: \_\_\_\_\_