

Employee Expense Claim Statement

Employee Name

Employee ID

Department

Period From

Period To

Date Submitted

Expense Details

Date	Description	Category	Amount	Remarks
<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	

Employee's Signature

Date:_____

Manager's Approval

Date:_____