

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"/>				
Total			<input type="text"/>	<input type="text"/>

Employee's Signature

Date: _____
Manager's Approval

Date: _____