|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Information:** | | | |
| Employee Name: | [First Name] | [Middle Name] | [Last Name] |
| Employment ID/Number: | |  | |
| **Expense Details:** | | | |
| Expense Date: | [Date] | Expense Description: |  |
| Expense Category: | [Category] |
| Amount Spent: | [Amount] (Currency) | [Amount in words] | |
| **Receipt / Documentation:** | | | |
| Receipt Attached? | [ ] Yes [ ] No | If No, please provide explanation: |  |
| **Expense Authorization:** | | | |
| Manager Approval: |  | Approved [ ] Denied |  |
| Manager Name: |  | | |
| Manager Signature: |  | Date: |  |
| **Payment Information:** | | | |
| Payment Method: | Reimbursement [ ] Direct Payment | | |
| Payment Details (if applicable) |  | | |
| Payee Name/Vendor: |  | | |
| Account/Invoice Number: |  | Amount: |  |
| Additional Notes/Comments |  | | |

**Declaration:**

I certify that the expenses listed above were incurred for business purposes in accordance with company policy, and that all information provided is true and accurate to the best of my knowledge.

Employee

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