**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Employee ID (if applicable): |  |
| Department: | [Department] | Email Address & Phone No. |  |

**Expense Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Expense** | **Expense Type** | **Description** | **Amount (Currency)** | **Receipt Attached** |
| YYYY-MM-DD | [ ] Travel | e.g., Taxi to client site | $[amount] | [ ] Yes [ ] No |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Amount: | | | $[amount] |  |

**Purpose of Expense**

|  |
| --- |
| *(Please provide a brief description of the business purpose for these expenses)* |
|  |
|  |

**Payment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Reimbursement Method: | Direct Deposit | Check | Other (please specify): |
| Bank Details (if direct deposit): | **Bank Name:** | **Account Number:** | **Routing Number (if applicable):** |

**Employee Declaration**

I confirm that the above expenses were incurred by me on behalf of [Organization's Name] and are accurate to the best of my knowledge.

|  |  |
| --- | --- |
| Date: | Signature |

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Approval Status: | Approved | Denied | Note: |

|  |  |  |  |
| --- | --- | --- | --- |
| Approved by: | [Name] | Date: | [DD/MM/YYYY] |
| Comments: | | | |
|  | | | |
|  | | | |
|  | | | |

*Please submit this form along with all supporting documents to [Expense Department/HR]. Processing may take up to [X] business days.*