**Expense Reimbursement Form**

**Company Name:** ABC Enterprises  
**Address:** 123 Office Street, Karachi, Pakistan  
**Phone:** +92-300-1234567  
**Email:** accounts@abc\_enterprises.com

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Department:** |  |
| **Employee ID:** |  | **Supervisor:** |  |
| **Date of Submission:** |  |  |  |

**Expense Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Expense** | **Description of Expense** | **Category** | **Amount (PKR)** | **Receipt Attached (Yes/No)** |
| 05-01-2025 | Taxi to client office | Travel | 1,200 | Yes |
| 06-01-2025 | Office supplies | Supplies | 850 | Yes |
| 07-01-2025 | Lunch with client | Meal | 1,500 | No |

**Total Reimbursement: Total Amount (PKR):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Declaration**

I confirm that the expenses listed above were incurred for official business purposes and that the information provided is true and accurate.

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

**Supervisor Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved By:** |  | **Date:** |  |
| **Comments (if any):** |  | | |
|  | | |
|  | | |

**Accounts Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Verified By:** |  | **Reimbursement Processed On:** |  |
| **Payment Reference No.:** |  |  |  |