

# Expense Claim Form

Name of Employee :

Designation :

Department :

Date	Particular	Amount \$	Taxes \$	Charges \$	Total \$
<b>Sub Total</b>					
<b>Total owed to you</b>					
<b>Net Claim Amount</b>					

**Note:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Sign \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

*\* Proof of purchases that is receipts, bills etc., must be attached to this claim form*