**Expense Claim Form**

**Organization Name:**

**Employee Name: Last Name:**

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address Change**

**Email Address: Telephone:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S # | Service Length | Department | Expense Types  (Write in details of all expenses) | Client Name | Amount |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| Total Expense Claim | | | | | $ |

**EMPLOYEE CONFIRATION OF EXPENSES**

 I certify that I have read and understand the Employee Certification on the reverse side of this form.

**Employee Signature: Date:**