**Employee Expense Claim Form**

 Employer Name: Job Title:

Manager Name: Title:

Street Address:

City / State / Zip Code: Contact Details:

**Expense Details**

 (All expenses must be accompanied by a receipt/bill)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department | Job Nature of Employee |  Service Length | Description of Expenses | AmountRequested |
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|  Total Amount Requested for Reimbursement |  |

**Employee Confirms**

I, \_\_\_\_\_\_\_\_\_\_\_\_ confirm that the above-mentioned expenses have been paid by me and are eligible as per the rules mentioned in manual book \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. As per current date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ these expenses have not been reimbursed to me at my account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. I fully understand that the expenses for which I am reimbursed cannot claim any income tax deduction or credit.
2. I also acknowledge that I can be further asked to submit document/s for these expenses.
3. I am with all my true intentions, willing to get a reimburse up-to my actual expenses, which I incurred.

All above provided information is accurate and true as per my knowledge.

Employee Signature Date