

# Expense Claim Form Sample

Use this **expense claim form sample** to streamline your reimbursement process efficiently. It features a clear approval workflow that ensures all expenses are reviewed and authorized promptly. Simplify financial management and maintain accurate records with this easy-to-follow form.

## Employee Information

Name:

Department:

Date of Submission:

Claim Period:  e.g. Jan 2024

## Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached?
<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>

## Total Amount

Total Claimed (USD):

## Approval Workflow

1. **Employee:** Submits completed expense claim form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. **Department Manager:** Reviews and approves claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. **Finance/Accounts:** Verifies receipts and processes reimbursement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Submit Claim](#)