

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:

Expense Details

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

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