

Expense Claim Record Form

Employee Name:

Department:

Claim Date:

Purpose of Expense:

Date	Description	Expense Type	Amount (USD)	Receipt Attached?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select ▾
Total Amount:			<input type="text"/>	

Approval Section

Approved By:

Approval Date:

Comments:

Status: Pending ▾