

# Expense Claim Form

powered by  
**GeneralBlue**

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Expense Period: \_\_\_\_\_

## Itemized Expenses

| Date | Description | Category | Amount Paid |
|------|-------------|----------|-------------|
|      |             |          |             |
|      |             |          |             |
|      |             |          |             |
|      |             |          |             |
|      |             |          |             |
|      |             |          |             |
|      |             |          |             |
|      |             |          |             |
|      |             |          |             |
|      |             |          |             |

Subtotal:

Employee Signature: \_\_\_\_\_

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

Advance Payment:

Total Reimbursement: