

# Expense Claim Form

powered by  
**GeneralBlue**

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

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

Department: \_\_\_\_\_

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

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

## Itemized Expenses

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

Subtotal: \_\_\_\_\_

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

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

Advance Payment: \_\_\_\_\_

Total Reimbursement: \_\_\_\_\_