

# Corporate Expense Claim Sheet

**Employee Details**

Name	<input type="text"/>	Department	<input type="text"/>
Employee ID	<input type="text"/>	Date Submitted	<input type="text"/>

**Expense Details**

Date	Description	Category	Amount (\$)	Receipt Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>Total</b>				

<b>Employee Signature</b> <hr/>	<b>Manager Approval</b> <hr/>
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