

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"/>
Total				

Employee Signature	Manager Approval
<input type="text"/>	<input type="text"/>