

Expense Claim Reconciliation Template

Employee Details

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

Expense Details

Date	Description	Category	Receipt No.	Amount (USD)	Approved (Yes/No)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total				<input type="text"/>	

Comments / Notes

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