

# 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: