

# Expense Claim Form

powered by  
**GeneralBlue**

Company Name:

Employee Name:

Department:

Expense Period

From	To

*\*Don't forget to attach receipts\**

Itemized Expenses

Date	Description	Category	Amount Paid

Employee Signature:

Date:

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

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

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