**EXPENSE REIMBURSEMENT FORM**

**Employee to Complete this Section:**

Please fill in the details below and submit this form to your Supervisor for approval.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date expense incurred** | **Expense details** | **No. of km’s (If applicable)** | **Amount ($)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **Total Amount ($)** |

**Claim Approval Details:**

**Claim Approved:** ❑ Yes ❑ No

Print name (Employer) Signature (Employer)

Date

**Acknowledgement of Reimbursement:**

I, \_\_\_\_\_ acknowledge that I received $

on as reimbursement for the expense/s claimed on \_\_\_\_\_\_.

Print name (Employee) Signature (Employee)

Employee Position Date

**PLEASE ATTACH ORIGINAL RECEIPTS TO THIS CLAIM FORM**