[Company name]

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Accounting firm expense claim form

Staff expenses - claimed with receipts, approved before payment.

Claim details

Name	[Name]
Department	[Dept]
Period	[e.g. October 2026]
Approved by	[Name]

Expenses

Date	Description	Amount	Receipt attached
[date]	[description]	[£]	[Y/N]

Sign-off

Claimant	Approver	Date