**[Company name]**

*How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue **[field]** until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.*

# Expense Claim Form

*Claiming expenses without back-and-forth: what was spent, why, receipts attached, and approval, in one form.*

| | |
|---|---|
| **Document** | Expense Claim Form |
| **Prepared by** | **[Name and role]** |
| **Owner** | **[Name and role]** |
| **Version** | 2.0 |
| **Date** | **[DD Month YYYY]** |
| **Review date** | **[DD Month YYYY]** |

## Claimant details

| | |
|---|---|
| **Employee** | **[Employee name]** |
| **Employee ID** | **[Employee ID]** |
| **Department** | **[Department]** |
| **Manager** | **[Manager name]** |
| **Claim period** | **[Claim period]** |
| **Payment method** | **[Payment method]** |

### Expense items

| Date | Description | Category | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## [Company name]

| Date | Description | Category | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

### Mileage

| Date | From | To | Miles | Rate per mile | Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

### Receipts attached

Attach a receipt for every item over the receipt threshold. Items without receipts are not reimbursed.

| Expense date | Description | Receipt attached? | Receipt reference |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## [Company name]

| Expense date | Description | Receipt attached? | Receipt reference |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Approval

| | |
|---|---|
| **Approved by** | **[Manager name]** |
| **Decision** | Approved / Approved in part / Refused |
| **Approved amount** | |
| **Reason for any reduction** | |
| **Signature and date** | |

## Payment details

| | |
|---|---|
| **Claim reference** | |
| **Checked by** | |
| **Paid on** | |
| **Payment reference** | |
| **Payment method** | **[Payment method]** |

## Checklist

| Done | Check |
|---|---|
| | Every expense has a date, category, amount, and a receipt attached. |
| | Mileage is calculated at the agreed rate with from/to locations. |
| | The claim is approved before payment, and the payment reference is recorded. |