XPERTEEZ TECHNOLOGY PRIVATE LIMITED

WEBEL IT PARK, RAJARHAT, UNIT 209 PHASE II, NEWTOWN DH BLOCK, AA 1, KOLKATA 700156



**Xperteez Technology - Expense Claim Form**

**Employee Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ (DD/MM/YYYY)

Expense Details:

| Date | Description | Category | Amount (₹) | Receipt Attached |

|-----------------------------------------------------------------------------------------------------|

| \_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | ₹\_\_\_\_\_\_ | ☐ Yes ☐ No |

| \_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | ₹\_\_\_\_\_\_ | ☐ Yes ☐ No |

| \_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | ₹\_\_\_\_\_\_ | ☐ Yes ☐ No |

Total Amount Claimed: ₹\_\_\_\_\_\_\_\_\_

**Payment Details:**

☐ Bank Transfer (Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ Company Cheque

**Declarations:**

I confirm that all expenses claimed were incurred for official purposes and are supported by valid receipts/documentation.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**For Office Use Only**

Approved by (Manager): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by (Finance): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Processed on: \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**Notes:**

1. All claims must be submitted within 30 days of expense incurred

2. Original receipts must be attached for all claims

3. False claims may lead to disciplinary action

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**How to Use:**

1. Copy this template

2. Paste into Word/Google Docs

3. Adjust formatting as needed

4. Save as PDF or print for use