Employee Expense Reimbursement Form

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Department: Finance
Instructions: Please complete all required fields and attach original, legible receipts for all expenses over **[AED 50/USD 15]**. Claims must be submitted within **[30 days]** of the expense incurrence date. Review the **Travel & Expense Policy** before submission.

1. Employee and Submission Details

Field	Input
Employee Name:	[Employee Name]
Employee ID:	[ID Number]
Department:	[Department]
Date of Submission:	[Date]
Purpose/Client Project:	[e.g., Q3 Sales Trip to KSA, Product R&D Research]

2. Expense Summary

Date	Description/Vendor	Category (T&E Policy)	Currency	Amount Paid	Amount Claimed (USD)	Receipt Attached (Y/N)
[Date]	[e.g., Flight: Dubai to Riyadh]	Travel - Airfare	AED	[Amount]	[Amount]	Y
[Date]	[e.g., Client Dinner w/ Alpha	Entertainment/Client	AED/USD	[Amount]	[Amount]	Y

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[Date]	[e.g., SaaS Tool Subscription]	Software/ Tools	USD	[Amount]	[Amount]	Y
[Date]	[e.g., Taxi to Dubai HQ]	Travel - Local Transport	AED	[Amount]	[Amount]	Y
TOTAL AMOUNT CLAIMED (USD):					**[Total]**	

3. Declarations and Approvals

Employee Declaration: I certify that these expenses were incurred for legitimate business purposes and comply with the NexaCore Solutions T&E Policy.

Employee Signature: _____ **Date:** [Date]

Manager Approval: I approve these expenses as necessary and reasonable for the performance of the employee's duties.

Manager Name: [Manager Name]
Manager Signature: _____ Date: [Date]
Finance Use Only:

- **Audit Checked:** [ ]
- **Payment Method:** [ ] Bank Transfer [ ] Payroll Addition
- **Date Processed:** [Date]