**Expense Reimbursement Form**

Please fill out the form below and all receipts/ bills should be attached to the form and emailed to [accounts@uhpae.com](mailto:f.naeem@uhpae.com)

**Date:**

|  |  |
| --- | --- |
| **Employee Name:** | **Department:** |
| **Employee Number:** | **UHP Reference No.** |

**Reason for reimbursement: (please tick appropriate box)**

**Hotel Stay**

**Phone Bills**

**Transportation**

**Other Expense (please specify):**

|  |
| --- |
| **Claim Description:**  **………………………………………………………………………………………………………………………………..**  **………………………………………………………………………………………………………………………………..**  **Date Utilized: from ………………..** To**………………..** |

**Employee’s Name & Signature: ……………………………………….**

**Line Manager Approval:  Approved  Rejected**

**Line Manager’s Name & Signature…………………………………...**

|  |
| --- |
| **Financial Controller / Department Use Only** |
| **Cash / Check Reference Number: …………….. Amount:……………- Date: ………………………….**  **Budget Category ……………………………………………………..**  **Financial Controller ………………………………………………. General Manager …………………………** |