

## Memo of Expenses

Employee Name:		Employee Code:	
Designation:		Division/Department:	
Type of Expenses: (Meal/Travel Transport/Other Client Entertainment Expenditure)		Date:	

Project Name:	
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Sl No.	Date of Expense	Purpose & Description	Claimed Amount	Bill attached (Yes/No)	Approved Amount
TOTAL					

Amount (in Rs.) \_\_\_\_\_

*"I hereby declared that the all the invoices/bills submitted with this claim forms are true and correct and company will not be liable in case of any misrepresentation or forged bills submitted by me".*

(Employee Signature)

\_\_\_\_\_  
 Checked By  
 (Reporting Manager)

\_\_\_\_\_  
 Verified By  
 (Dept. Head)

\_\_\_\_\_  
 Approved By  
 (HR)

This form will not be processed if not accompanied with adequate and approved bills.

(Official purpose only)

Please pay (INR/USD): \_\_\_\_\_

Verified (Account Desk)

Sanctioned (Authorized Signatory)