

EXPENSE CLAIM FORM



Name: _____ Emp. #: _____

Department: _____ Location: _____

List of Allowable Expenses:

1. Daily Allowance Rs. _____ 5. Uniform Claims: _____

2. Travelling (Per Diems/ Over Night Stay) Rs. _____ 6. Meal Allowance: _____

3. OverTime Claims Rs. _____ 7. Relocation Allowance: _____

4. Fuel (Official purposes)Rs. _____ 8. Others: _____

Please give details below for Others: _____

Total: Rs. _____

Amount in Words Rs.: _____

(Please attach all relevant bills/receipts and documents)

Employee Signature: _____ Date: _____

Head of Department: _____ Date: _____

Manager HR: _____ Date: _____

President & CEO: _____ Date: _____