

	<b>Reimbursement Form</b>	<b>T- KHR012</b>
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<b>Employee Name</b>	
<b>Reporting Manager</b>	

Time Period: \_\_\_\_\_

Total Amount: \_\_\_\_\_

SL. No.	Description	Date of Expense Occurred	Amount
Total			

**\*Note:** The employee should enclose appropriate bills along with the reimbursement claim forms.

Signature of the Employee:

Approved by:

Date:

Date: