

**Smartron India Private Limited**

1st Floor, Kapil Towers,  
Financial District, Gachibowli,  
Hyderabad - 500 032.

**EMPLOYEE EXPENSE REIMBURSEMENT FORM**

Name of the Employee		From : ____/____/____ To ____/____/____ ( DD / MM / YYYY)
Employee ID		
Designation		

S No	Bill/Invoice No	Date	Nature of Expense (Food/Cab/Lodging/Others)	Particulars / Remarks - Narration of Expenses	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
Total Amount					

Page \_\_\_\_ of \_\_\_\_ (if exceeds 25 ite

I, we, \_\_\_\_\_ hereby declare that all the information related to expenses claimed above are true to the best of my / our knowledge and belief. I further affirm that in case of any claims made above that are found to be incorrect, I shall indemnify the company for such wrong claims. I further confirm that we have provided with bills for all the expenses wherever possible and that no amounts claimed above are in excess of amounts spent by us.

Employee Signature

Approving Authority