

# EXPENSE REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Project Code: \_\_\_\_\_ Cost Centre: \_\_\_\_\_

## Expense Details:

Date	Expense Type	Description	Amount (GBP)	Receipt Attached

**Total Amount Claimed:** \_\_\_\_\_ **GBP**

## Declaration:

I hereby declare that the expenses listed above were incurred by me in the course of performing my duties. All claims are accurate, honest, and comply with the Company's expense policy. I understand that any false claims may lead to disciplinary action and/or legal proceedings under applicable UK law.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Manager Approval:

Approved By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Notes:

- Attach original receipts for all expenses claimed.

**Employee Signature**

**Manager Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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