

Expense Reimbursement Form (Updated on 20.08.2021)

This form is to be used when you have done an expense from your own pocket for company's business & claiming the reimbursement of that money later.

(In the case of Online Filling, Press Ctrl + S to save the form & no need for the signature.)

Section 1:-

Employee Name: Employee Code:

Designation: Department:

Contact No.: Date:

Itemized Expenses

S. No.	Date of Expense	Description	Amount (In INR)	Bills Attached [Yes/No]
Total Reimbursement Amount				

Employee Signature:

- Please forward this form to Section 2A. (Applicable to all except HR Head)
- Please forward this form to Section 2B. (Only for HR Head)

Section 2A- Concern HOD:-

Approved Disapproved

Name: Dept: Approved Amount:

Remark (If any):



• It is certified that the above reimbursements are verified by me and is fulfilled the criteria/ policy as per our record.

• If disapproved, please give it back to the originator.

Signature:

Date:

• Please forward this form to Section 3.

Section 2B- Management (If HR Head is claiming reimbursement):

Approved

Disapproved

Name: Approved Amount:

Remark (If any):

• If disapproved, please give it back to concern HOD.

Signature:

Date:

• Please forward this form to Section 3.

Section 3- Accounts Dept.:-

• Release the approved amount to said employee.

• The above approved amount is paid to the employee and the admin has been done.

Name:

Designation:

Signature:

Date:

• Once the above is done, please send this complete form to the originator.

----- End of Form -----

