

# Expense Claim Form

powered by  
**GeneralBlue**

Company Name: \_\_\_\_\_

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

Department: \_\_\_\_\_

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

Expense Period: \_\_\_\_\_

### Itemized Expenses

Date	Description	Category	Amount Paid

Subtotal: \_\_\_\_\_

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

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

Advance Payment: \_\_\_\_\_

Total Reimbursement: \_\_\_\_\_