

# Outstanding Business Expense Reimbursement Claim

Please complete this physical form for all outstanding business expenses. Once filled, print the document, attach all physical receipts, and submit it to the Finance Department for processing.

## 1. Claimant & Department Information

Employee Full Name:  Employee ID:   
Department:  Manager / Approver Name:   
Date of Submission:  Expense Claim Period:

## 2. Outstanding Expense Details

Date of Expense	Expense Category (e.g., Travel, Meals, Client Entertainment)	Business Purpose & Detailed Description	Amount (Currency)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Outstanding Amount Claimed:</b>			<input type="text"/>

## 3. Acknowledgement & Authorization

I hereby certify that the expenses details listed above are accurate, represent legitimate business expenses incurred on behalf of the company, and have not been previously reimbursed.

Claimant Signature: \_\_\_\_\_ Date:

Manager / Approver Signature: \_\_\_\_\_ Date:

Finance Department Signature: \_\_\_\_\_ Date: