EXPENSES CLAIM FORM

Claimant Name: _____ Employee ID: _____

Department: _____ Manager: _____

Purpose of Claim:

_____

Date	Description	Amount (USD)

Total Amount Claimed (USD): _____

Certification and Authorization:

I certify that the expenses claimed above were incurred by me in the performance of my duties and are in accordance with company policy. All information provided is accurate and complete. I understand that submission of false or fraudulent claims may result in disciplinary action, including termination and legal action.

Claimant Signature: _____ **Date:** _____

Manager Approval:

I have reviewed the above expenses and certify that they are valid, reasonable, and comply with company policy. I authorize reimbursement to the claimant.

Manager Signature: _____ **Date:** _____

Finance Department Use Only:

Verified by: _____ Date: _____

Payment Processed by: _____ Date: _____

Check Number / Transaction ID: _____

Legal Compliance and Governing Law:

This Expenses Claim Form and any reimbursement hereunder shall be governed by and construed in accordance with the laws of the United States of America and the applicable state laws. The claimant agrees to comply with all applicable federal, state, and local laws and company policies relating to expense reimbursements. Any disputes arising under this form shall be subject to the exclusive jurisdiction of the courts within the claimant's state of employment.

Claimant Signature	**Manager Signature**
Signature: _____	Signature: _____