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| --- | --- | --- | --- | --- | --- | --- |
| **Expense Claim Form** | | | | | |  |
|  | | | | | | |
| Company Name: | | | | | Expense Period | |
| Employee Name: | | | | | From | To |
| Department: | | | | |  |  |
|  | | | | | *\*Don’t forget to attach receipts\** | |
| Itemized Expenses |  | | | |  |  |
| Date | Description | | | | Category | Amount Paid |
|  |  | | | |  |  |
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|  |  | | | |  |  |
|  |  | | | | Subtotal: |  |
| Employee Signature: | |  | Date: |  | Advance Payment: |  |
|  | |  |  |  | Total Reimbursement: |  |