Employee Expense Claim Form

Employee Name:	
Date of Claim:	

I certify that the above expenses have been incurred wholly & exclusively on company business and have not been previously reimbursed.

Employee Signature: _____ **Date:** _____

Manager Signature: _____ **Date:** _____

Finance Signature: _____ **Date:** _____

Total Reimbursement Requested: 0.00

Claim Number	Date	Type of Expense	Expense Description	Amount (excl. Tax)	Tax	Total Amount (inc. Tax)	HCP-related expense?	No. of Company Attendees	No. of HCP Attendees	No. of Other Attendees	Business Purpose	Attendee Names (inc. HCPs) - please attached separate list if many
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Claim Number	Date	Type of Expense	Expense Description	Amount (excl. Tax)	Tax	Total Amount (inc. Tax)	HCP-related expense?	No. of Company Attendees	No. of HCP Attendees	No. of Other Attendees	Business Purpose	Attendee Names (inc. HCPs) - please attached separate list if many
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Claim Number	Date	Type of Expense	Expense Description	Amount (excl. Tax)	Tax	Total Amount (inc. Tax)	HCP-related expense?	No. of Company Attendees	No. of HCP Attendees	No. of Other Attendees	Business Purpose	Attendee Names (inc. HCPs) - please attached separate list if many
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