**EXPENSE REIMBURSEMENT FORM**

This form should be filled and submitted along with all relevant receipts or proof of expenses. It is intended for official business-related reimbursements only.

**Employee Information**

|  |  |
| --- | --- |
| Full Name: |  |
| Department: |  |
| Employee ID: |  |
| Date of Request: |  |

**Expense Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Expense Category | Description | Amount (₦) | Receipt Attached? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Amount to be Reimbursed:**

₦ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Declaration**

I hereby declare that the above expenses were incurred for official business purposes and all provided information is accurate to the best of my knowledge.  
  
Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval Section**

|  |  |
| --- | --- |
| Manager's Name & Signature: |  |
| Date of Approval: |  |