

# EXPENSES CLAIM FORM

Name: .....

Date : .....

Department: .....

Designation : .....

Date	Particulars	Amount (Before GST)	GST Amount	Total (Including GST)	Remark
<b>Total:</b>					

**Note:**

- \* Please submit claims on monthly basis, up to date.
- \* Please submit current month claim to the Human Resources Department latest by 5th of the following month.
- \* Claims that are more than 2 months late will not be entertained.

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ISSUED BY

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APPROVED BY

.....  
CHECKED BY  
(HR Dept)

.....  
AUTHORISED BY

Name:  
Date

Name:  
Date

Name:  
Date

Name:  
Date