

EXPENSES CLAIM FORM FOR MONTH.....

EMPLOYEES NAME

ON-SITE LINE MANAGER NAME.....

SIGNATURE.....

SIGNATURE.....



| DATE | CLIENT NAME | DETAILS (incl. Participants & business purpose) | Stationery (NET) | Travel (NET) | Entertaining (NET) | Other (NET) | VAT | TOTAL (incl. VAT) |
|-------------------------------|-------------|--|---------------------|-----------------|-----------------------|----------------|-----|----------------------|
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| TOTAL EXPENSES CLAIMED | | | € | € | € | € | € | € |

COMPANY STAMP

APPROVED BY

Print Name:

Signature:

AMOUNT RECEIVED BY CLAIMER

Signature:

Date

Instructions: Ensure that : • receipt for lunch or dinner does have a "Bewirtsungsbeleg"; • receipt is dated the month you claim payment; • receipt has no amounts crossed out; • receipt is clearly for an office related event / item; • all entertainment receipts must have participants and purpose clearly written on the receipt.
FAILURE TO COMPLETE EXPENSES CLAIM CORRECTLY WILL BE RETURNED AS INCOMPLETE AND MAY DELAY ANY PAYMENTS DUE TO YOU!