

# EMPLOYEE EXPENSE CLAIM FORM

**Business Name:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Period:** \_\_\_\_\_

All receipts supporting this claim must be attached, laid flat and stapled in the corner with this Employee Expense Claim Form on top.

Properly formatted invoices/receipts must be provided. An invoice/receipt must detail the purchase date, vendor name, description as to what was purchased, total and GST/HST being charged (if applicable). Generally, a debit/credit card receipt is not satisfactory alone.

<u>Receipt Date</u>	<u>Vendor Name</u>	<u>Receipt Total</u>	<u>Comments (if necessary)</u>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>Total:</b>		\$	

*I certify that the receipts attached are complete, all expenses are 100% business related and I have not included any receipts for non-business-related items.*

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Document provided courtesy of A-1 Bookkeeping Services Inc.*