



A UNIT OF TIRUPATI GROUP OF INSTITUTIONS

Expense Reimbursement Form

Employee Details

- Full Name: _____
 - Employee ID: _____
 - Department: _____
 - Designation: _____
 - Contact Number: _____
 - Email ID: _____
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Expense Details

- Purpose of Expense: _____
 - Date of Expense: ____ / ____ / ____
 - Expense Category: Travel Meals Office Supplies Other: _____
 - Amount: ₹ _____
 - Payment Method: Cash Card Other: _____
 - Vendor Name (if applicable): _____
 - Invoice/Receipt Attached: Yes No
-

Bank Account Details (for Reimbursement)

- Account Holder Name: _____
- Bank Name: _____
- Account Number: _____
- IFSC Code: _____

Approval & Verification

- **Approved By:** _____
- **Approval Date:** ____ / ____ / _____
- **Finance Department Verification:** [] Approved [] Rejected
- **Remarks (if any):**

Declaration I confirm that the expenses listed above were incurred for official purposes and all supporting documents have been provided.

Signature: _____

Date: ____ / ____ / _____

For Office Use Only

- **Processed By:** _____
- **Payment Issued On:** ____ / ____ / _____
- **Payment Reference Number:** _____
