

# Expense Approval Request Form

## Employee Information:

- Full Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Manager's Name: \_\_\_\_\_
- Date of Request: \_\_\_\_\_

## Expense Details:

- Purpose of Expense:  
\_\_\_\_\_
- Description of Expense:  
\_\_\_\_\_
- Estimated Total Amount: \_\_\_\_\_

## Approval Levels (Check if applicable):

- Department Head Approval
- Finance Team Approval
- Executive Approval

## Signature Section:

- Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Finance Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_