**Arvind Fashions Limited**

EXPENSES CLAIM FORM

Name : .................................................Emp.Code ...............................................

Emp. Mobile No. :.............................................................

Date.......................................

Department : ...................................................................... Brand : ............................................................

**Please Note :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **EXPENSE DETAILS** | **BILL REF.** | **AMOUNT**  **Rs. Ps.** | | **DEBIT HEAD / REMARKS** |
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1. **Bills must be attached wherever necessary to this claims form.**
2. **Bills are to be serially numbered on the bottom right hand corner.**
3. **SI. No. Of the bills to be entered in the bills ref. Column**
4. **Amounts to be shown clearly and ligibly.**
5. **Where necessary, Departmental Head’s attestation should be obtained.**
6. **All the bills must be initialed by the claiment.**

**Approved Signature**

**TOTAL CLAIM**

**Less advance taken on**

**.................................**

**Balance due / to be received**

**Claiment’s Signature**

**....................................................... ...................................................................**

