LUMS
A Not-for-Profit University

**Form C-1**

# EXPENSE CLAIM FORM

**Name:** _____ **Employee Code:** _____

**Dept.:** _____ **Date:** _____

I have incurred the following expenses. Please reimburse.

| Sr. # | Description and Purpose | Receipt/Bill Number | Amount | | PR Number |
|---|---|---|---|---|---|
| | | | Rs. | Ps. | |
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| | | **Total Expenses** | | | |
| | | **Less Advance** | | | |
| | | **Net Claim / (Return)** | | | |

**Amount in Words** _____

_____

**Signed** _____ **Approved by HOD** _____

**For Finance Use Only**

| BUDGET | | | |
|---|---|---|---|
| **Budget Head** | **Allocated Amount** | **Previous Utilization** | **Total Cost** |
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