

Expense Claim

Email **HR@bluelynx.com**

Employee's Name _____ Company _____

Manager's Name _____ IBAN / Bank Account Number _____

- All reimbursements must be converted into EURO 's. Please state the conversion factor
- Only legible receipts will be accepted
- Expenses older than 3 months will not be processed

| Expense Description | Expense Date | Expense Amount |
|---------------------|--------------|----------------|
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| | | |
| | | |
| | | |
| Total | | |

Comments

Employee's Signature

Manager's Signature

Date