Company Reg. No: 200500987E
Head Office: 56 Loyang Way, Loyang Enterprise # 05-01
Singapore 508775
Tel: 6385 5888

DG Packaging Pte Ltd
... SAFETY – OUR FIRST PRIORITY ...

Employee Claim Form

[Forms must be submitted to HR Department with supporting receipt/bill by 23rd every month, any submission after 23rd will be paid end of the following month.]

Employee Name: _____ **Department:** _____

Month of Claim: _____

Category (tick one)	Sub-Category (circle all that apply; total amount is sum of selected sub-categories)	Description	Amount (SGD)
☐ Communication	Mobile / Telephone / Internet Mobile No.: _____	Billing Month: _____	
☐ Medical	Consultation / Medicine / Dental / Optical		
☐ Local Travel (Overtime or approved business visits only (car/taxi).)	Taxi / Parking / Cashcard		
☐ Company Vehicle (Designated vehicles only.)	Parking / Cashcard		
☐ Subscription (Management-approved only.)	Zoom / MS365 / Other Software		
☐ Staff Benefits (Pre-approved welfare only. No personal/ad hoc items.)	Airport Pass Renewal / Hazmat Driver Licence Renewal / Welfares		
☐ Oversea Business Travel (Approved with itinerary. No personal extensions.)	Airfare / Hotel / Taxi / Staff Meal Expenses / Per Diem		
☐ Meals (Client meetings/entertainment only. No staff meals.)	Local / Overseas / Gifts		
☐ Others			
		TOTAL CLAIM AMOUNT	

Employee Declaration

I declare this claim is accurate, incurred for business purposes, and receipts are attached for all claimable items.

Employee Signature: _____ Date: _____

Name: _____

Approver Use Only

Approved By Manager: _____ Date: _____

Approved By HR: _____ Date: _____

Remarks: _____