

Reimbursement Claim Form for Housecleaning Expenses

Employee	e Name Employee ID	
This form	being for Life program allows for the reimbursement must be included in your reimbursement request what formal house-cleaning agency.	
EMPLOYE	EE STATEMENT OF UNDERSTANDING	
• If this	ify that the expenses I am submitting are qualified ex s claim that does not meet the policy criteria, Intuit re a and take necessary action	
By submitting a request for reimbursement, I am certifying:		
	hat the amount mentioned is the monthly amount I he housecleaner is not related to me	pay for housecleaning services
Ex	xpense to reimburse (in INR): _ Month/Year Expense	
in	ncurred:	
I hereby c	confirm that the claim made by me is in line with the	e policy.
Employee	e Signature	 Date