

Training Expense Reimbursement Form

Employee Information

Employee Name

Department

Employee ID

Contact Number

Training Details

Training Program Name

Training Provider

Training Date(s)

Location

Expense Details

Expense Type	Description	Amount (â‚¹)	Receipt Attached
<input type="text" value="e.g. Registration Fee"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/>
<input type="text" value="e.g. Travel"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/>
<input type="text" value="e.g. Accommodation"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/>

Total Claim Amount (â‚¹)

Bank Details for Reimbursement

Bank Name

Account Number

IFSC Code

Declaration



I hereby declare that the information provided is true and the expenses claimed have been incurred by me as described above.

For Office Use Only

Verified By

Date of Verification

Approved Amount

Important Notes

- Ensure all expenses claimed are supported by original receipts.
- Claims must be submitted within the stipulated period after training completion.
- Incomplete or incorrect forms will delay reimbursement processing.
- Approval is subject to company's reimbursement policy and manager's authorization.
- Attach a copy of the training completion certificate, if required.