

Departmental Travel Expense Submission Form

Employee Name

Department

Employee ID

Travel Period

e.g. 2024-07-14 to 2024-07-19

Destination(s)

Expense Details

Date	Expense Type	Description or Purpose	Amount (USD)
YYYY-MM-DD	Transport	<input type="text"/>	<input type="text"/>
YYYY-MM-DD	Transport	<input type="text"/>	<input type="text"/>
YYYY-MM-DD	Transport	<input type="text"/>	<input type="text"/>

Total Amount Claimed (USD)

Purpose of Travel

Employee Signature & Date

Department Approval & Date

Important Notes:

- Attach original receipts for all claimed expenses.
- Ensure all fields are accurately completed to avoid processing delays.
- Claims must comply with departmental travel policies and limits.
- Submit the form within 14 days of travel completion.
- Incomplete forms may be returned for correction.