

Travel Expense Claim Form for Staff Members

Personal Information

Full Name

Staff ID

Department

Designation

Travel Details

Purpose of Travel

Destination

Travel Dates (From - To)

Expense Details

Date	Description	Category	Amount
<input type="text"/>	<input type="text"/>	Transport <input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Transport <input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Transport <input type="button" value="▼"/>	<input type="text"/>

Total Amount Claimed

Remarks (if any)

Claimant Signature

Date: _____

Supervisor/Manager Approval

Date: _____

Important Notes:

- Attach original receipts for all expenses claimed.
- Ensure all fields are completed accurately before submission.
- Claims must be submitted within the organization's stipulated timeframe after travel.
- Falsification of information may result in disciplinary action.
- Please retain copies of this form and receipts for your own records.