

Accommodation Expense Receipt

Receipt No.:	_____	Date:	____/____/____
Guest Name:	_____	Contact No.:	_____
Company/Organization:	_____		

Accommodation Details

Hotel/Property Name	_____
Address	_____
Check-in Date	____/____/____
Check-out Date	____/____/____
Room Type	_____

Expense Details

Description	Amount (in local currency)
Room Charges	_____
Taxes & Fees	_____
Other (Specify)	_____
Total Amount	_____

Payment Details

Payment Method	Cash / Credit Card / Other
Transaction Reference No.	_____

Issued By:

Date: ____/____/____
Received By:

Date: ____/____/____

Important Notes:

- All fields must be duly filled and supported by relevant documents.
- Original receipt must be submitted for audit and reimbursement purposes.
- Ensure amount claimed matches the actual expense incurred.
- Any alterations/corrections must be initialed by the authorized signatory.
- Keep a copy of the receipt for your own record.

