

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.

