

Business Travel Expense Claim Form

Employee Name

Enter full name

Employee ID

ID number

Department

Department

Date of Claim

Travel Period

e.g. 2024-04-05 to 2024-04-10

Destination

City, Country

Purpose of Travel

e.g. Client meeting, Conference

Expense Details

Date	Expense Type	Description	Amount	Currency	Receipt Attached
<div></div>	<div>Transp<div></div></div>	<div>Details</div>	<div></div>	<div>USD</div>	<div>Yes<div></div></div>
<div></div>	<div>Transp<div></div></div>	<div>Details</div>	<div></div>	<div>USD</div>	<div>Yes<div></div></div>
<div></div>	<div>Transp<div></div></div>	<div>Details</div>	<div></div>	<div>USD</div>	<div>Yes<div></div></div>
Total					

Claimant’s Signature

Full name or signature

Date

Manager’s Approval

Full name or signature

Date

Important Notes:

- Attach original receipts for all expenses claimed.
- Ensure all entries are accurate and complete to avoid processing delays.
- Claims should be submitted within the stipulated timeframe set by company policy.
- Expenses not supported by valid receipts may be rejected.
- Approval from the relevant authority is mandatory before reimbursement.