

Company Name: Acme Corporation

Address: 123 Main St, Metro City, Country

Document: Travel Expense Claim

Date: _____

Employee Information

| | |
|-------------|-------|
| Name | _____ |
| Employee ID | _____ |
| Department | _____ |
| Designation | _____ |

Travel Details

| | |
|------------------|---------------------|
| Purpose of Trip | _____ |
| Destination | _____ |
| Period of Travel | From _____ To _____ |

Expense Summary

| Date | Description | Category | Amount (USD) | Remarks |
|----------------|-------------------|---------------|--------------|---------|
| ____/____/____ | Taxi to airport | Transport | _____ | _____ |
| ____/____/____ | Hotel stay | Accommodation | _____ | _____ |
| ____/____/____ | Lunch with client | Meals | _____ | _____ |
| Total | | | _____ | |

Bank Details (for Reimbursement)

| | |
|-------------------|-------|
| Bank Name | _____ |
| Account Number | _____ |
| IFSC / SWIFT Code | _____ |

Claimed by

Date: _____

Approved by

Date: _____

Accounts Use Only

Date: _____

Important Notes

- Attach all original receipts/invoices with this form.
- Ensure all details are accurate to avoid delay in reimbursement.
- Claims must be submitted within the stipulated time frame as per company policy.
- Incomplete forms or missing documentation may lead to rejection of claims.