

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.