

Travel Expense Claim Form

Employee Information

Name:

Full Name

Department:

Department

Designation:

Designation

Travel Period:

Eg. 01/06/2024 to 05/06/2024

Purpose of Travel:

State the purpose...

Expense Details

Date	Description	Amount (₹)	Receipt #
<input type="text"/>	E.g. Hotel, Taxi, Food	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount Claimed (₹):

Bank Details (for reimbursement)

Bank Name:

IFSC Code:

Account Holder Name:

Account Number:

Date:

Signature (Employee):

Type/Sign

Date (Approval):

Signature (Approver):

Type/Sign

Important Notes:

- All expenses must be supported by original receipts or proofs of payment.
- Claims should be submitted within the stipulated time as per company policy.
- Ensure the accuracy of bank details for timely reimbursement.
- Approval from the authorized signatory is required for processing the claim.
- Falsification of claims may lead to disciplinary action.