

Travel Expense Claim (Itemized Format)

Name: _____

Department: _____

Date of Claim: _____

Purpose of Travel: _____

Itemized Expense Details

Date	Description	Amount (USD)	Receipt Attached
2024-05-17	Flight ticket to Chicago	350.00	Yes
2024-05-17	Taxi from airport to hotel	45.00	Yes
2024-05-18	Hotel accommodation (1 night)	120.00	Yes
2024-05-18	Meal expenses (dinner)	28.50	No
2024-05-19	Public transport within city	15.00	Yes

Total Amount Claimed:

\$558.50

Claimant's Signature: _____

Date: _____

Supervisor's Approval: _____

Date: _____

Important Notes:

- All expenses must be accompanied by valid receipts unless otherwise approved.
- List all individual expenses separately; do not group unrelated items.
- Ensure the purpose of travel is clearly stated for transparency.
- Claims are subject to review and approval by the supervisor or finance department.
- Submit the claim within the allowed timeframe after the completion of travel.