

# 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.