

Travel Expense Claim Form

Name: _____

Employee ID: _____

Department: _____

Claim Date: ____ / ____ / ____

Purpose of Travel: _____

Travel Period:

From ____ / ____ / ____ To ____ / ____ / ____

Expense Details

Date	Description	From	To	Mode of Travel	Amount (\$)	Remarks
Total						

Advance Taken (if any): _____

Amount Claimed: _____

Claimant's Signature

Date: ____ / ____ / ____

Supervisor's Approval

Date: ____ / ____ / ____

Important Notes

- All claims must be supported by original receipts and documents.
- Ensure that the expense details are accurately filled in before submission.
- Submit claims within the stipulated period as per company policy.
- False claims may result in disciplinary action.
- Keep a copy of this form for your personal records.