

# 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
<b>Total</b>						

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.