

Travel Expense Claim Form

Employee Information

Name: _____

Employee ID: _____

Department: _____

Designation: _____

Contact Number: _____

Travel Information

Purpose of Travel: _____

Destination: _____

Travel Period: From _____ To _____

Expense Details

Date	Category	Description	Amount (USD)	Receipt Attached
_____	Transportation / Hotel / Meal / Other	_____	_____	Yes / No
_____	Transportation / Hotel / Meal / Other	_____	_____	Yes / No
_____	Transportation / Hotel / Meal / Other	_____	_____	Yes / No

Total Amount Claimed: _____ USD

Declaration

I hereby certify and declare that the above expenses have been incurred by me for official purposes and the details furnished above are true and correct. All supporting receipts are attached.

Employee
Signature: _____

Date: _____

For Office Use Only

Checked By: _____

Designation: _____

Approver's Signature: _____

Date:

Important Notes:

- All claimed expenses must be supported by proper receipts.
- Claims should be submitted within the stipulated period as per company policy.
- Incomplete forms or missing documentation may delay processing.
- Falsification of information may result in disciplinary action.
- Please retain copies of the submitted documents for your own reference.