

# 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.