

# Travel Expense Approval Request

Name:

Employee ID:

Department:

Designation:

## Trip Details

Purpose of Travel:

Destination:

Departure Date:

Return Date:

## Estimated Expenses

Expense Type	Description	Estimated Amount
Transportation		
Accommodation		
Meals		
Others		
Total Estimated Amount		

## Advance Required

Amount Requested:

## Approvals

Employee Signature

Date: \_\_\_\_\_

Manager Approval

Date: \_\_\_\_\_

Accounts Department

Date: \_\_\_\_\_

- All expenses must be estimated as reasonably and accurately as possible.
- Attach supporting documents for all estimated expenses where available.
- Manager and accounts approval are mandatory before travel commences.
- Any unused advance amount must be settled within the specified period after returning.
- Non-compliance with the policy may result in claim rejection.

