

Corporate Accommodation Reimbursement Form

Employee Information

Full Name

Employee ID

Department

Contact Number

Accommodation Details

Purpose of Stay

Location/Hotel Name

Check-in Date

Check-out Date

Total Nights

Expense Details

Date	Description	Receipt No.	Amount (USD)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total			<input type="text"/>	

Additional Remarks

Acknowledgement

Employee Signature

Date

Important Notes

- Attach original receipts for all claimed expenses.
- Ensure all provided information is accurate and complete.
- Claims must comply with the company's travel and expense policy.
- Submit the form within the stipulated reimbursement window.
- Incomplete forms or missing documents may delay processing.

