

# Corporate Accommodation Reimbursement Form

## Employee Information

Full Name	<input type="text"/>
Employee ID	<input type="text"/>
Department	<input type="text"/>
Contact Number	<input type="text"/>

## Accommodation Details

Purpose of Stay	<input type="text"/>
Location/Hotel Name	<input type="text"/>
Check-in Date	<input type="text"/>
Check-out Date	<input type="text"/>
Total Nights	<input type="text"/>

## 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"/>
			<b>Total</b> <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.

