

Employee Accommodation Expense Statement

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|--------------------|--------------------|-----------------|--------------------------|
| Employee Name: | John Doe | Employee ID: | EMP12345 |
| Department: | Finance | Designation: | Accountant |
| Reporting Manager: | Jane Smith | Period of Stay: | 2024-05-01 to 2024-05-31 |
| Location of Stay: | City Inn, Downtown | Date Submitted: | 2024-06-10 |

Expense Details

| Date | Description | Invoice Number | Amount (USD) |
|------------------------|--------------------------------|----------------|---------------------------|
| 2024-05-02 | Hotel Accommodation (2 nights) | INV-2356 | 220.00 |
| 2024-05-10 | Hotel Accommodation (3 nights) | INV-2488 | 330.00 |
| 2024-05-20 | Extended Stay (5 nights) | INV-2567 | 550.00 |
| Total | | | 1,100.00 |

Employee Signature & Date

Manager Approval & Date

Important Notes:

- All expenses must be supported by original invoices or receipts.
- Only accommodation expenses incurred for official purposes are reimbursable.
- Statement must be submitted within 10 days of the period end date.
- Falsification or misrepresentation may result in disciplinary action.
- Contact the HR department for queries about reimbursable accommodation costs.