

# International Travel Reimbursement Form

Employee Name

Department

Purpose of Travel

Travel Destination(s)

Travel Dates

From - To

Expense Details

Date	Description	Currency	Amount	Exchange Rate	Amount (Local Currency)
<input type="text"/>					
<input type="text"/>					

Total Amount (in Local Currency)

Employee Signature

Date Submitted

- Attach all original receipts and proof of payment.
- Complete the form in full and ensure accuracy of currency conversion.
- Travel authorization must be approved prior to travel.
- Submit this form within 14 days after return from travel.
- Expenses must comply with organizationâ€™s travel policy.

