

Official Travel Expense Submission Form

Employee Name:

Employee ID:




Department:

Purpose of Travel:

Travel Dates:

to

Expense Details:

Date	Expense Category	Description	Amount (USD)
<input type="text"/>	Transportation 	<input type="text"/>	<input type="text"/>
<input type="text"/>	Transportation 	<input type="text"/>	<input type="text"/>
<input type="text"/>	Transportation 	<input type="text"/>	<input type="text"/>

Total Amount:

Employee Signature:

(Type or sign name here)

Date:

Important Notes:

- Attach original receipts for all listed expenses.
- All expense claims must comply with company travel policies.
- Submission should be made within 7 days after trip completion.
- Incomplete forms may result in delayed reimbursement.

