

Project-Based Travel Costs Claim Form

Project Name

Enter project name

Employee Name

Enter your name

Employee ID / Number

Enter your employee ID

Travel Dates

e.g., 2024-06-01 to 2024-06-04

Purpose of Travel

Briefly describe the purpose

Date	Destination	Transportation	Accommodation	Meals	Other Expenses	Total (per day)	Remarks
YYYY-MM	City/Country	Amount	Amount	Amount	Description	Total	Notes
Total Claim:						Sum of all	

Employee Signature

Sign or type your name

Date Submitted

YYYY-MM-DD

Important Notes:

- All claims must be supported by original receipts and relevant documentation.
- Ensure all expenses claimed align with the project’s allowable cost policy.
- Submit the completed form within the designated timeframe after your trip.
- Incomplete forms or missing documents may result in delayed reimbursement.