

Travel Expense Reimbursement Receipt

Employee Name	[Employee Name]
Employee ID	[Employee ID]
Department	[Department]
Trip Purpose	[Purpose of Travel]
Travel Dates	[Start Date] – [End Date]
Destination	[City, Country]

Expense Details

Date	Description	Amount (\$)	Receipt Attached
[YYYY-MM-DD]	[Transportation]	[Amount]	[Yes/No]
[YYYY-MM-DD]	[Accommodation]	[Amount]	[Yes/No]
[YYYY-MM-DD]	[Meals]	[Amount]	[Yes/No]
[YYYY-MM-DD]	[Other (Specify)]	[Amount]	[Yes/No]
Total		[Total Amount]	

Employee Signature

Date: _____

Approver Signature

Date: _____

Important Notes:

- True and original receipts must be attached for all claimed expenses.
- Incomplete forms or missing receipts may result in rejected claims.
- All expenses must comply with the company's reimbursement policy.
- Submit this form within the specified timeframe after travel completion.
- Keep a copy of this form and all receipts for your own records.