

Travel Expense Receipt

Employee Name: _____

Employee ID: _____

Department: _____

Date Submitted: ____/____/_____

Purpose of Travel: _____

Expense Details

Date	Description	Category	Amount
____/____/_____	Airfare	Transportation	\$_____
____/____/_____	Hotel Accommodation	Lodging	\$_____
____/____/_____	Meals	Food	\$_____
____/____/_____	Taxi Fare	Transportation	\$_____
Total			\$_____

Approval

Employee Signature: _____

Date: ____/____/_____

Manager Approval: _____

Date: ____/____/_____

Important Notes

- All original receipts and supporting documents should be attached.
- Each expense must comply with the company travel policy.
- Incomplete forms or missing approvals may delay reimbursement.
- Submit expense receipts within the designated timeframe after travel.