

Group Travel Expense Claim Form

Group Name:

Group Leader Name:

Travel Period:

e.g. 2024-06-01 to 2024-06-07

Purpose of Travel:

List of Participants

No.	Name	Position/Role
1		
2		
3		
4		
5		

Expense Details

Date	Description	Expense Category	Amount	Paid By

Reviewed & Approved by:

Date:

Important Notes

- All expenses must be supported with original receipts or invoices.
- Claims without adequate documentation may be rejected or delayed.
- Ensure the expenses fall within approved travel policy guidelines.
- This form must be submitted within the stipulated time after travel completion.
- Separate forms should be used for different group trips.