

# Simplified Travel Expense Claim Form

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Travel Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Purpose of Travel: \_\_\_\_\_

## Expense Details

DATE	DESCRIPTION	TYPE (E.G., TRANSPORT, MEALS, LODGING)	AMOUNT (USD)	RECEIPT INCLUDED
____ / ____ / ____				Yes / No
____ / ____ / ____				Yes / No
____ / ____ / ____				Yes / No

Total Amount Claimed: \$ \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Manager Approval: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Important Notes:

- All expenses must be accompanied by original receipts when possible.
- Claims should be submitted within the stipulated timeframe set by your organization.
- All information provided must be accurate and truthful.
- Non-eligible or ineligible expenses will not be reimbursed.
- Contact the finance department for questions regarding allowable expenses.