

International Travel Expense Reimbursement Form

Name: _____

Employee ID: _____

Department: _____

Designation: _____

Travel Destination: _____

Purpose of Travel: _____

Travel Dates: _____

Date of Submission: _____

Expense Details

Date	Description	Amount (Currency)	Exchange Rate	Amount (Local)	Receipts Attached
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Total					

Advance Received (if any)

Amount: _____

Date Received: _____

Bank Details for Reimbursement

Bank Name: _____

Account Number: _____

IFSC / SWIFT Code: _____

Account Holder Name: _____

Employee Signature

Date: _____

Approver Signature

Date: _____

Important Notes:

- Attach all original receipts/invoices for claimed expenses.
- Ensure expenses comply with the company's travel policy.
- Provide currency exchange proof when relevant.
- Incomplete forms or missing documentation may delay processing.
- This form must be approved by the designated authority before reimbursement.