

Mileage and Travel Allowance Claim Form

For Official Use Only

Employee Name

Department

Position/Title

Claim Period

Submission Date

Date	From	To	Purpose of Travel	Mode of Transport	Kilometers	Other Expenses (Tolls, Parking, etc.)	Total Claim (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						Total (\$)	<input type="text"/>

Bank Account Details

Claimant Signature

Approver Name & Signature

Approval Date

Important Notes:

- Receipts for all other expenses must be attached to this claim.
- Claims should be submitted within the claim period or as per company policy.
- Only official business travel is reimbursable via this form.
- Ensure all fields are completed and verified before submission.
- Falsification of claims may result in disciplinary action.