

Standard Travel Expense Reimbursement Form

Employee Name:

Department:

Employee ID:

Travel Period: From - To

Destination:

Purpose of Travel:

Expense Details

Date	Description	Category	Amount	Receipt Attached (Yes/No)
		Transportation <input type="button" value="▼"/>		
		Transportation <input type="button" value="▼"/>		
		Transportation <input type="button" value="▼"/>		
Total Amount Claimed				

Acknowledgement

Employee Signature:

Date: YYYY-MM-DD

Approved By:

Approval Date: YYYY-MM-DD

Important Notes

- Receipts must be attached for all expense claims where applicable.
- Only actual and reasonable expenses in line with company policy are reimbursable.
- This form must be submitted within the time frame specified by company policy after the trip

completion.

- All fields must be completed accurately for processing reimbursements.
- Misrepresentation of claims may result in disciplinary action.