

Monthly Travel Reimbursement Report

Employee Details

Name: _____
Employee ID: _____
Department: _____
Reporting Month: _____

Travel Summary

Date	Purpose of Travel	From	To	Mode of Transport	Distance (km)	Expense Amount	Remarks
01/06/2024	Client Meeting	Main Office	Client Site A	Taxi	12	\$24.00	-
05/06/2024	Project Inspection	Client Site A	Warehouse	Own Car	18	\$14.40	Fuel
15/06/2024	Supplier Visit	Main Office	Supplier B	Train	35	\$9.00	Ticket
22/06/2024	Training	Main Office	Conference Hall	Taxi	7	\$12.00	-
Total Amount:						\$59.40	

Advance Paid (if any):

Advance Received: \$20.00
Balance to be Reimbursed: \$39.40

Employee Signature

Date: _____

Manager/HR Approval

Date: _____

Important Notes

- All expenses must be supported by valid receipts/invoices.
- The claim should be submitted within the specified reporting period.
- Claims must adhere to the company’s travel policy and guidelines.
- False or duplicate claims may result in disciplinary action.
- Submission of this report does not guarantee reimbursement; claims are subject to approval.

