

# Simplified Travel Expense Claim Sheet

---

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

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

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

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

Travel Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Destination: \_\_\_\_\_

## Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached
____/____/____	_____	Transport / Meal / Lodging / Other	_____	Yes / No
____/____/____	_____	Transport / Meal / Lodging / Other	_____	Yes / No
____/____/____	_____	Transport / Meal / Lodging / Other	_____	Yes / No
Total Claimed			_____	

---

Date

Claimant's Signature

---

Date

Supervisor's Signature

---

Date

Finance Review

- Attach original receipts for all claimed expenses.
- Incomplete forms may cause delays in reimbursement.
- Expenses must comply with the company travel policy.
- Submit the form within the stipulated deadline after travel.
- Supervisor approval is required before finance processing.