

Travel Expense Reimbursement Form

Employee Information

Name: _____

Employee ID: _____

Department: _____

Contact Email: _____

Travel Details

Purpose of Travel: _____

Destination: _____

Travel Dates: _____

Expense Details

| Date | Expense Type | Description | Amount | Receipt Attached |
|------|--------------|-------------|--------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Amount Claimed: _____

Approval

Employee Signature: _____

Date: _____

Manager Approval: _____

Date: _____

Important Notes

- All expenses must be accompanied by valid receipts.
- Claims should be submitted within the stipulated period as per company policy.
- Incomplete forms or missing documentation may delay reimbursement.
- Please ensure that the information provided is accurate and complete.
- Manager's approval is required prior to processing of reimbursement.