

Travel Reimbursement Bill

Name: _____
Employee ID: _____
Department: _____
Bill No.: _____
Bill Date: _____
Period: _____

Travel Details

Date	From	To	Mode of Travel	Fare (â‚¹)	Lodging (â‚¹)	Food (â‚¹)	Other Expenses (â‚¹)	Total (â‚¹)
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Grand Total (â‚¹)								_____

Amount in Words: _____

Purpose of Travel: _____

Employee Signature

Manager/Verifier

Accounts/Finance

Important Notes

- All supporting bills/receipts must be attached for reimbursement claims.
- Ensure that the travel is pre-approved by the concerned authority.
- Entries must be filled accurately; incomplete forms may be rejected.
- Claims should be submitted within the stipulated time frame as per company policy.
- This form should be signed by the employee and verified by the reporting manager.