

Travel Reimbursement Bill

Name: _____

Employee ID: _____

Department: _____

Bill No.: _____

Bill Date: _____

Period: _____

Travel Details

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

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.