

# Travel Expense Claim Form

## Employee Details

Name

Enter your name

Department

Enter department

Employee ID

Employee ID

Designation

Designation

Purpose of Travel

Purpose

Destination

Destination

Travel Dates

DD/MM/YYYY - DD/MM/YYYY

## Expense Details

Date	Description	Category	Amount	Receipt Attached
DD/MM/YYYY	E.g., Hotel	Accommoc	Amount	Yes
DD/MM/YYYY	E.g., Taxi	Accommoc	Amount	Yes
<b>Total</b>			<b>Total Amount</b>	

## Summary & Declaration

Advance Taken

Advance (if any)

Amount Claimed

Total Claimed

Declaration

I declare that the above expenses are true and incurred for official purposes only.

Date

DD/MM/YYYY

Signature

Sign here

## Important Notes

- All claims must be supported by original receipts or invoices.
- Submit the claim within the stipulated time as per company policy.
- Ensure all information provided is accurate and complete.
- Claims without proper supporting documents may be rejected or delayed.
- Consult the travel & expense policy for eligible expenses.