

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
<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="E.g., Hotel"/>	<input type="text" value="Accommoc"/> ▼	<input type="text" value="Amount"/>	<input type="text" value="Yes"/> ▼
<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="E.g., Taxi"/>	<input type="text" value="Accommoc"/> ▼	<input type="text" value="Amount"/>	<input type="text" value="Yes"/> ▼
Total			<input type="text" value="Total Amount"/>	

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.