

Business Trip Accommodation Reimbursement Claim

Employee Information

Name: _____
Employee ID: _____
Department: _____
Designation: _____

Trip Details

Destination City: _____
Purpose of Visit: _____
Trip Start Date: ____/____/____
Trip End Date: ____/____/____

Accommodation Details & Claim

Date	Hotel Name	Location	Room Type	Amount (in USD)	Invoice Attached
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Amount Claimed: \$ _____

Declaration

I hereby declare that the above information is true and the claim is as per company policy.

Employee Signature: _____
Date: ____/____/____

For Office Use Only

Verified By: _____
Remarks: _____
Approved Amount: \$ _____

Important Notes

- All claimed expenses must be supported by original hotel invoices or receipts.
- Claims should be submitted within the period stipulated by company policy.
- Personal expenses are not covered and should not be included in the claim.
- Any false declaration may result in disciplinary action.
- Please retain a copy of this form and all supporting documents for your records.