

# 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.