

Corporate Accommodation Reimbursement Claim

Employee Details

Name	Employee ID	
Department	Designation	
Email	Contact Number	

Accommodation Details

Hotel/Guest House Name	
Location	
Check-in Date	
Check-out Date	
Total No. of Nights	
Purpose of Stay	

Claim Details

Date	Description	Bill/Invoice No.	Amount (in local currency)
Total Amount Claimed			

Bank Details for Reimbursement

Bank Name	
Account Holder Name	
Account Number	
IFSC/SWIFT Code	

Declaration by Employee:

I certify that the above details are true and the expenses have been incurred for official purpose and as per company policy.

Employee Signature
Date:

Manager Approval
Date:

Finance Approval
Date:

Important Notes

- Original bills/invoices must be attached with this claim.
- All claims are subject to verification as per company reimbursement policy.
- Incomplete forms or missing documents may result in rejection or delay of reimbursement.
- This form is to be filled immediately after completion of travel/stay.
- For any queries, contact the Accounts/HR department.