

Official Accommodation Expense Reimbursement

Employee Information

Name: _____

Employee ID: _____

Department: _____

Contact Number: _____

Travel & Accommodation Details

Purpose of Trip: _____

Destination: _____

Travel Dates: _____ to _____

Expense Summary

Date	Hotel Name	Location	Number of Nights	Rate per Night	Total Amount	Receipt Attached

Total Amount Claimed: _____

Declaration

I hereby declare that the above information is accurate and that the expenses claimed are in accordance with the organization's policies. All supporting receipts are attached.

Employee Signature: _____ Date: _____

Manager Approval: _____ Date: _____

Important Notes

- All expenses must be supported with original receipts or valid documentation.
- Claims must comply with the organization's travel and accommodation policy.
- Incomplete or inaccurate information may delay reimbursement processing.
- Submit this form within the stipulated period after travel completion.

- Manager's approval is required before submission to the Finance department.