

Bus Fare Reimbursement Claim Form

Employee / Student Name

Department / Class

Purpose of Travel

Period Covered (From - To)

e.g., 01/06/2024 - 15/06/2024

Details of Bus Fare Claim

Date	Route (From - To)	Fare Amount	Ticket No. / Receipt ID	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Fare Claimed		<input type="text"/>		

I hereby declare that the information provided is true and accurate.

Declaration

Claimant's Signature

Date:

Verifier / Approver's Signature

Date:

Important Notes:

- All original bus fare tickets/receipts must be attached for each claim.
- Claims should be submitted within the stipulated time frame as per company/institution policy.
- Incomplete or incorrect forms may result in delay or rejection of the reimbursement.
- False declarations may attract disciplinary action.
- Ensure that the fare claimed matches the actual expense incurred.