

Business Travel Fare Reimbursement Statement

Employee Information

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

Travel Details

Purpose of Travel:	_____		
From:	_____	To:	_____
Departure Date:	____ / ____ / ____	Return Date:	____ / ____ / ____

Fare & Expense Details

Date	Mode of Transport	Origin	Destination	Ticket / Invoice No.	Amount (USD)	Remarks
____ / ____ / ____	_____	_____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____	_____	_____
Total						

Bank Details for Reimbursement

Bank Name:	_____
Account Holder Name:	_____
Account Number:	_____
IFSC / SWIFT Code:	_____

Employee's Signature

Manager's Approval

Date

Important Notes

- All claims must be accompanied by valid receipts and tickets.
- Ensure the travel is approved as per company policy before making any bookings.
- This form must be submitted within 15 days of travel completion.
- Incorrect or incomplete information may delay reimbursement.
- Non-business-related expenses are not eligible for reimbursement.

