

# 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.

