

# Local Travel Expense Reimbursement Form

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Designation: \_\_\_\_\_

Period of Claim (From - To): \_\_\_\_\_

## Travel Details

Date	Departure Place	Destination	Purpose	Mode of Transport	Distance (km)	Amount (â‚¹)
Total Amount Claimed (â‚¹):						

## Employee Declaration

I certify that the above expenses were incurred for official purposes and the information provided is accurate to the best of my knowledge.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Supervisor's Approval

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Notes

- Ensure all fields are filled accurately and legibly before submitting.
- Attach all relevant supporting bills, tickets, and receipts, as applicable.
- Claims submitted after the stipulated period may not be processed.
- False claims may result in disciplinary action.
- This form is only for local official travel; outstation claims require a separate form.