

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 (₹,¹)
Total Amount Claimed (₹,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.