TRAVEL INSURANCE CLAIM

Expense Reimbursement Spreadsheet

Claimant Name:

Policy Number:

Claim Reference No:

Departure Date:

Return Date:

Destination:

Submission Requirements:

- Please list all expenses incurred chronologically.
- Original receipts, invoices, or medical reports must be attached for every item listed below.
- For foreign currency expenses, please provide exchange rate proof (e.g., credit card statement).

Date	Expense Category	Description of Expense / Reason for Claim	Currency	Original Amount	Exchange Rate	Claim Amount (Local)
					Total Claimed Amount:	

Claimant Signature

Date:

Authorized Reviewer Signature

Date: