

# CORPORATE TRAVEL MEAL EXPENSE CLAIM FORM

CLAIM NUMBER

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## EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT / COST CENTER

EMAIL ADDRESS

MANAGER / APPROVER NAME

## TRIP DETAILS

PURPOSE OF TRAVEL

DESTINATION (CITY, COUNTRY)

CURRENCY

TRAVEL START DATE

TRAVEL END DATE

## MEAL EXPENSE ITEMIZATION

DATE	MEAL TYPE	ESTABLISHMENT NAME & BUSINESS PURPOSE/ ATTENDEES	RECEIPT (Y/N)	AMOUNT
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
<b>Total Claim Amount:</b>				

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EMPLOYEE SIGNATURE DATE

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MANAGER / APPROVER SIGNATURE DATE

