# AIRLINE TRAVEL EXPENSE REIMBURSEMENT FORM

## EMPLOYEE & TRIP INFORMATION

Employee Name

Employee ID

Department

Manager / Approver

Purpose of Travel

## FLIGHT DETAILS & EXPENSES

| Date | Airline & Flight # | Origin / Destination | Class (Econ/Biz) | Ticket Fare | Baggage Fees | Other Fees (Seat/WiFi) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Total Airfare Expenses: | | |

## ASSOCIATED AIRPORT EXPENSES (PARKING, TAXI, RIDESHARE)

| Date | Expense Type | Description / Details | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | Total Associated Expenses: | |
| | | GRAND TOTAL CLAIM AMOUNT: | |

Employee Signature

Date

Approver Signature

Date