

TRAVEL INCIDENTALS AND TIPS CLAIM FORM

Expense Template for Incidentals & Gratuities

EMPLOYEE NAME _____

EMPLOYEE ID / DEPARTMENT _____

PURPOSE OF TRAVEL _____

TRAVEL DATES (FROM - TO) _____

DATE	DESCRIPTION / TYPE OF EXPENSE (E.G., PORTERAGE, TAXI TIP, HOUSEKEEPING)	RECEIPT (Y/N)	AMOUNT

Total Incidentals	
Total Gratuities (Tips)	
Grand Total Claimed	

CLAIMANT SIGNATURE DATE

AUTHORIZED APPROVER SIGNATURE DATE