FLIGHT EXPENSE CLAIM

Corporate Travel & Reimbursement Department

Claim No: _____

Date: _____

CLAIMANT INFORMATION

Employee Name _____

Employee ID _____

Department _____

Manager / Approver _____

Purpose of Travel _____

Cost Center / Project _____

FLIGHT & AIRFARE DETAILS

DATE	FLIGHT NO / AIRLINE	DEPARTURE CITY	ARRIVAL CITY	CLASS	TICKET FARE	TAXES & FEES	TOTAL AMOUNT

Subtotal	
Other Fees	
Total Claim (USD)	

Claimant Signature

Date:

Authorized Approver Signature

Date: