

EXECUTIVE TRAVEL ALLOWANCE

Payroll Processing Form

EXECUTIVE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

JOB TITLE / DESIGNATION

DEPARTMENT

COST CENTER / GL ACCOUNT

PAY PERIOD

TRAVEL DETAILS

PURPOSE OF TRAVEL

DESTINATION (CITY, COUNTRY)

DEPARTURE DATE

RETURN DATE

TOTAL TRAVEL DAYS

ALLOWANCE TYPE

EXPENSE & ALLOWANCE BREAKDOWN

DATE	DESCRIPTION / PARTICULARS	LODGING	MEALS	TRANSPORT	INCIDENTALS	TOTAL AMOUNT

TOTAL GROSS CLAIM	
LESS: COMPANY ADVANCES	
TAXABLE ALLOWANCE AMOUNT	
NET PAYROLL REIMBURSEMENT	

APPROVALS & AUTHORIZATION

EXECUTIVE CLAIMANT SIGNATURE

Date

AUTHORIZED MANAGER APPROVAL

Date

PAYROLL DEPARTMENT VERIFICATION

Date