

LODGING & ACCOMMODATION

Expense Claim Form

FORM NO:

CLAIM DATE:

CLAIMANT INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

MANAGER / APPROVER

EMAIL ADDRESS

ACCOMMODATION & TRAVEL DETAILS

HOTEL / LODGING NAME

LOCATION (CITY, COUNTRY)

CHECK-IN DATE

CHECK-OUT DATE

PURPOSE OF STAY

EXPENSE ITEMIZATION

DATE	DESCRIPTION / ITEM (E.G., ROOM RATE, TAX, PARKING)	RECEIPT NO.	DAILY RATE	TOTAL AMOUNT

DATE	DESCRIPTION / ITEM (E.G., ROOM RATE, TAX, PARKING)	RECEIPT NO.	DAILY RATE	TOTAL AMOUNT
Grand Total				

REIMBURSEMENT METHOD

PAYMENT METHOD

ACCOUNT DETAILS / REMARKS

CLAIMANT SIGNATURE & DATE

AUTHORIZED APPROVER SIGNATURE & DATE