

BUSINESS TRAVEL LODGING REIMBURSEMENT

Expense Report & Claim Form

Employee Name:

Report Date:

Department:

Employee ID:

Manager / Approver:

Purpose of Travel:

Destination (City/ST):

Travel Dates:

DATE	HOTEL NAME & LOCATION	NIGHTLY RATE	TAXES & FEES	OTHER (DESCRIBE)	TOTAL DAILY

Subtotal Lodging	
Total Other Fees	
Grand Total	

Employee Signature

Date

Authorized Approver Signature

Date