



LODGING EXPENSE STATEMENT

Statement No.	
Date	

EMPLOYEE & TRIP INFORMATION

Employee Name:
Department:
Employee ID:
Manager/Approver:
Purpose of Travel:
Destination City:

ACCOMMODATION DETAILS

HOTEL / LODGING FACILITY	CHECK-IN	CHECK-OUT	NIGHTS	DAILY RATE	TAXES & FEES	TOTAL COST

ASSOCIATED INCIDENTALS (PARKING, INTERNET, ETC.)

DATE	CHARGE TYPE / DESCRIPTION	NOTES / BUSINESS JUSTIFICATION	AMOUNT

Lodging Subtotal	
Incidentals Subtotal	
Grand Total	

Declaration & Policy Compliance: I certify that the lodging expenses detailed above were incurred for official business purposes on behalf of the company, and that all details provided are accurate and supported by original itemized receipts.

Employee Signature Date

Authorized Approver Signature Date