EXPENSE CLAIM FORM

Business Travel Reimbursement

CLAIM NO:

DATE SUBMITTED:

EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

MANAGER / SUPERVISOR

EMAIL ADDRESS

TRIP DETAILS

PURPOSE OF TRIP

DESTINATION (CITY, COUNTRY)

DEPARTURE DATE

RETURN DATE

EXPENSE ITEMIZATION

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT?	AMOUNT
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT?	AMOUNT
			☐	

Subtotal	
Less: Cash Advance Received	
Total Reimbursement Due	

EMPLOYEE SIGNATURE

Date:

MANAGER/AUTHORIZED APPROVER SIGNATURE

Date: