

ACCOMMODATION REIMBURSEMENT CLAIM

Employee Expense Template for Lodging & Accommodation

Employee Name:

Employee ID:

Department:

Manager Name:

Submission Date:

Travel Purpose:

Destination City:

Project / Cost Center:

1. LODGING EXPENSE DETAILS

CHECK-IN	CHECK-OUT	HOTEL / ACCOMMODATION NAME & LOCATION	NIGHTS	DAILY RATE	TOTAL BASE COST

2. ASSOCIATED ACCOMMODATION FEES & TAXES

DATE	EXPENSE DESCRIPTION (E.G., LODGING TAX, PARKING, WI-FI, RESORT FEES)	AMOUNT
Total Lodging & Associated Expenses:		

Requirements for Reimbursement:

- All claims must be accompanied by itemized folio receipts showing a zero balance.
- Credit card statements alone are not accepted as proof of lodging.
- Personal expenses (mini-bar, in-room movies, laundry) must be deducted prior to submission.

Employee Signature Date

Approving Manager Signature Date