

International Travel Expense Claim Template

Please fill out this template for all international business travel expenses. Ensure all receipts are attached for verification before printing.

Claimant Information

Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Manager / Approver:	<input type="text"/>
Purpose of Travel:	<input type="text"/>		
Destination (City, Country):	<input type="text"/>	Claim Currency:	<input type="text" value="USD"/>
Departure Date:	<input type="text" value="YYYY-MM-DD"/>	Return Date:	<input type="text" value="YYYY-MM-DD"/>

Expense Details

Date	Expense Description (e.g., Hotel, Flight, Meals)	City & Country	Original Currency	Original Amount	Exchange Rate	Claimed Amount (Claim Currency)
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="EUR, GBP, etc."/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reimbursement Summary

Total Claimed Amount:	<input type="text"/>
Less: Travel Advance Received:	<input type="text"/>
Net Reimbursement Due / (Due to Company):	<input type="text"/>

Authorization and Signatures

I certify that the expenses detailed above were incurred on official company business and are accurate and true representations of costs.

Claimant Signature:

Manager / Approver Signature:

Date:

Date: