

Executive Travel Expense Reimbursement Request

Please complete this form and attach all corresponding receipts for processing.

Executive Information

Executive Name:	<input type="text" value="First and Last Name"/>	Job Title:	<input type="text" value="e.g., Vice President"/>
Department:	<input type="text" value="e.g., Operations"/>	Email Address:	<input type="text" value="executive@company.com"/>

Trip Details

Purpose of Trip:	<input type="text" value="e.g., Annual Board Meeting"/>		
Destination (City, State/Country):	<input type="text" value="e.g., Chicago, IL"/>	Client/Project Associated:	<input type="text" value="e.g., Project Horizon"/>
Departure Date (MM/DD/YYYY):	<input type="text" value="MM/DD/YYYY"/>	Return Date (MM/DD/YYYY):	<input type="text" value="MM/DD/YYYY"/>

Expense Breakdown

Date (MM/DD/YYYY)	Expense Category (Airfare, Lodging, Meals, Transport, Misc)	Description / Business Purpose	Amount (USD)
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="e.g., Lodging"/>	<input type="text" value="Hotel - 2 Nights"/>	<input type="text" value="\$0.00"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="e.g., Airfare"/>	<input type="text" value="Roundtrip Flight"/>	<input type="text" value="\$0.00"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="e.g., Transport"/>	<input type="text" value="Taxi/Rideshare"/>	<input type="text" value="\$0.00"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="e.g., Meals"/>	<input type="text" value="Client Dinner"/>	<input type="text" value="\$0.00"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="e.g., Misc"/>	<input type="text" value="Wi-Fi Access"/>	<input type="text" value="\$0.00"/>
Total Reimbursement Claimed:			<input type="text" value="\$0.00"/>

Approvals & Signatures

By signing below, the claimant certifies that these expenses were incurred for legitimate business purposes, and the approver verifies authorization.

Executive Signature:	<input type="text" value="Sign Name (Print & Sign)"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
Approving Manager Signature:	<input type="text" value="Sign Name (Print & Sign)"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
Finance Department Authorization:	<input type="text" value="Sign Name (Print & Sign)"/>	Date:	<input type="text" value="MM/DD/YYYY"/>