

Group Travel Expense Reimbursement Form

Please print and complete this form to claim reimbursement for group travel expenses. Attach all original receipts.

1. General Trip Information

Trip Name / Purpose:	<input type="text"/>
Destination:	<input type="text"/>
Departure Date:	<input type="text" value="YYYY-MM-DD"/>
Return Date:	<input type="text" value="YYYY-MM-DD"/>
Group Leader / Coordinator:	<input type="text"/>
Department / Organization:	<input type="text"/>

2. Travelers List

List all group members who participated in this travel:

No.	Full Name	Email Address / Contact Info
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

3. Expense Breakdown

Date	Description / Item Details	Category (e.g., Food, Lodging, Transport)	Paid By (Name of Traveler)	Amount (USD)
<input type="text" value="MM/DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<input type="text" value="MM/DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<input type="text" value="MM/DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<input type="text" value="MM/DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<input type="text" value="MM/DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<input type="text" value="MM/DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Total Reimbursement Claimed:				<input type="text" value="0.00"/>

4. Reimbursement & Payment Instructions

Preferred Payment Method (e.g., Check, Bank Transfer):	<input type="text"/>
Payee Name (Who should the check/transfer be made out to):	<input type="text"/>
Account Number / Mailing Address:	<input type="text"/>

5. Authorization & Approvals

By signing below, the claimant certifies that the expenses listed above were incurred during official group travel and are accurate.

Claimant Signature:

Approving Authority Signature:

Date:

Date: