

Standard Employee Travel Expense Reimbursement Form

Please complete this form and attach all original receipts for reimbursement. This form is formatted for printing.

Employee Information

Employee Full Name: Employee ID:
Department: Job Title:
Supervisor/Manager: Submission Date:

Travel Details

Purpose of Travel:
Destination (City, State/Country):
Departure Date: Return Date:

Expense Report Itemization

Date	Description / Business Purpose	Transportation (Flight/Car)	Lodging	Meals	Other / Incidentals	Daily Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Reimbursement Claim:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Acknowledgment and Signatures

I certify that the expenses listed above were incurred for official business travel on behalf of the company and that these expenses are accurate, real, and supported by attached receipts.

Employee Signature: Date:
Supervisor Approval Signature: Date: