

Corporate Business Travel Expense Claim Template

Please complete all sections of this claim form and attach all supporting original receipts for reimbursement processing.

1. Employee & Trip Information

Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Job Title:	<input type="text"/>
Manager / Approver Name:	<input type="text"/>	Date of Submission:	<input type="text" value="YYYY-MM-DD"/>
Purpose of Trip:	<input type="text"/>		
Destination:	<input type="text"/>	Travel Period:	<input type="text" value="From - To"/>

2. Expense Breakdown

Date	Expense Category (e.g., Flight, Hotel, Meal)	Description / Business Purpose	Receipt Attached? (Yes/No)	Amount & Currency
<input type="text" value="YYYY-MM-DD"/>	<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" value="YYYY-MM-DD"/>	<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"/>
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<input type="text" value="YYYY-MM-DD"/>	<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"/>
Total Claimed Amount:				<input type="text"/>

3. Declarations & Approvals

I certify that the expenses listed above were actual and necessary business expenses incurred for corporate travel, and conform to the corporate travel policy.

Employee Signature: <hr/>	Date: <input type="text" value="YYYY-MM-DD"/>
Manager Signature (Approval): <hr/>	Date: <input type="text" value="YYYY-MM-DD"/>
Finance Department Signature: <hr/>	Date: <input type="text" value="YYYY-MM-DD"/>