

Relocation and Travel Expense Claim Form

Please fill out all applicable fields. This form is designed for printing and physical signing.

1. Claimant Information

Employee Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department / Cost Center:	<input type="text"/>	Job Title:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>

2. Relocation and Travel Details

Relocating From (City, State/Country):	<input type="text"/>
Relocating To (City, State/Country):	<input type="text"/>
Actual Move Date:	<input type="text" value="YYYY-MM-DD"/>
Purpose of Travel / Relocation:	<input type="text"/>

3. Expense Itemization

Date (YYYY-MM-DD)	Expense Category (e.g., Lodging, Flights, Moving Van, Meals)	Description / Business Purpose	Amount (USD)
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Claimed Amount:			<input type="text"/>

4. Declaration and Authorizations

I hereby certify that the expenses detailed above were actually incurred by me for the sole purpose of relocation/travel in connection with my employment, and that original receipts are attached where required.

Claimant Signature:	<input type="text" value="Sign upon printing"/>	Date:	<input type="text"/>
Manager / Approver Name:	<input type="text"/>	Title:	<input type="text"/>
Approver Signature:	<input type="text" value="Sign upon printing"/>	Date:	<input type="text"/>