

Employee Travel and Lodging Expense Claim Form

Please complete this form to claim reimbursement for business-related travel and lodging expenses. Attach all original receipts before submitting for approval.

Employee Information

Employee Full Name: Employee ID:
Department: Job Title:
Manager Name: Email Address:

Travel Details

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

Expense Breakdown

Date (MM/DD/YYYY)	Description / Expense Details	Lodging Cost	Transportation Cost	Meals & Incidentals	Total Cost
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total Amount Claimed:					<input type="text"/>

Authorization and Signatures

By signing below, I certify that the expenses listed above were incurred for official business purposes and are accurate in accordance with company travel policies.

Employee Signature: Date (MM/DD/YYYY):
Manager Approval Signature: Date (MM/DD/YYYY):