

# Corporate Travel Expense Reimbursement Form

## Employee Information

Name

Employee ID

Department

Email

## Travel Details

Purpose of Trip

Destination

Travel Dates

From - To

## Expense Details

Date	Description	Category	Amount (USD)	Notes
<input type="text"/>	<input type="text"/>	Transportation	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Transportation	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Transportation	<input type="text"/>	<input type="text"/>

Total Amount Claimed (USD)

Supporting Documents / Receipts

List attached receipts or provide description.

Employee Signature

Date

Manager Approval

Date