

# Business Travel Expense Claim Form

## Employee Information

Employee Name

Employee ID

Department

Purpose of Travel

Travel Dates

e.g. 2024-05-10 to 2024-05-14

Destination

## Expense Details

| Date         | Description    | Category | Amount       | Receipt Attached | Remarks |
|--------------|----------------|----------|--------------|------------------|---------|
| YYYY-MM-DD   | Expense Descri | Transp ▾ | 0.00         | Yes ▾            |         |
|              |                | Transp ▾ |              | Yes ▾            |         |
|              |                | Transp ▾ |              | Yes ▾            |         |
| <b>Total</b> |                |          | Total Amount |                  |         |

Additional Notes / Comments

Employee Signature

Date:

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Supervisor Approval

Date:

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Finance Approval

Date: