

# 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
<input type="text" value="YYYY-MM-DD"/>	<input type="text" value="Expense Description"/>	<input type="text" value="Transportation"/>	<input type="text" value="0.00"/>	<input type="text" value="Yes"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Transportation"/>	<input type="text"/>	<input type="text" value="Yes"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Transportation"/>	<input type="text"/>	<input type="text" value="Yes"/>	<input type="text"/>
Total			<input type="text" value="Total Amount"/>		

Additional Notes / Comments

Employee Signature

Date:

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Supervisor Approval

Date:

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Finance Approval

Date: