

Business Trip Insurance Payment Acknowledgement

Employee Name: _____

Employee ID: _____

Department: _____

Trip Destination: _____

Trip Dates: _____

Insurance Provider: _____

Policy Number: _____

Coverage Period: _____

Premium Amount: _____

Payment Date: _____

I hereby acknowledge receipt of the above-mentioned insurance premium payment for my business trip.

Employee Signature

Date: _____

Authorized Person

Date: _____