

# 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: \_\_\_\_\_