

TRAVEL EXPENSES REIMBURSEMENT FORM

(A) For Employee Use:

Date: DD / MM / YYYY

Name: _____ Designation: _____ Department: _____

Place of Visit: _____ Purpose of visit: _____

Dept. Time Date: DD / MM / YYYY Arr. Time Date: DD / MM / YYYY No. of Days:

Expenses Head	From	To	Mode*	Amount (Paid by Co.)	Amount (Paid by Claimant)
(I) Travel Fare					
(II) Local Conveyance					
(III) Lodging & Boarding	Description	From Date	To Date	No. of Days	
	Lodging				
	Meal				
(IV) Incidental Expenses					
(V) Other Expenses					
Total Amount					
Less Advance Taken					
Balance to be Claimed/Refunded					

* Please mention type of Mode: Air / Train / Bus / Company Vehicle / Self Vehicle / Taxi / Local Transportation

(Authorized Manager)

Signature of claimant

(B) For Office Use:

Date of Claim Received: DD / MM / YYYY

1. Used Tickets checked: Travel Boarding Pass / Conveyance / Lodging / Meal / Other Expenses
2. Please mention details of deviation below :

Sr. No.	Deviation	Approved / Not Approved	Signature

Verified By _____

Final Approval _____

F&A Dept.

HR/ Admin. Dept.

HOD

Business Head/CEO