

Office Travel Expense Claim

Employee Details

Name

Department

Employee ID

Purpose of Trip

Date From

Date To

Destination

Expense Details

Date	Expense Type	Description	Amount	Currency	Receipt Attached
<div></div>	<div>Transpo<div></div></div>	<div></div>	<div></div>	<div></div>	<div>Yes<div></div></div>
<div></div>	<div>Transpo<div></div></div>	<div></div>	<div></div>	<div></div>	<div>Yes<div></div></div>
<div></div>	<div>Transpo<div></div></div>	<div></div>	<div></div>	<div></div>	<div>Yes<div></div></div>

Total Amount Claimed

Remarks / Additional Notes

Employee Signature

Date:

Manager Approval

Date: _____