

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
<input type="text"/>	Transpo <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="button" value="▼"/>
<input type="text"/>	Transpo <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="button" value="▼"/>
<input type="text"/>	Transpo <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="button" value="▼"/>

Total Amount Claimed

Remarks / Additional Notes

Employee Signature

Date: _____

Manager Approval

Date: _____