

# Business Trip Expense Claim Form

Employee Name

Department

Employee ID

Purpose of Trip

Destination

Trip Dates

Manager/Supervisor

Date of Claim

Expense Details

Date	Description	Category	Amount	Currency	Receipt Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

Additional Remarks

Signature

Approval (For Office Use)

