

Business Travel Expense Form PDF

Traveler Information

Full Name: _____

Employee ID: _____

Company Name: _____

Department: _____

Contact Number: _____

Email Address: _____

Trip Details

Destination: _____

Purpose of Travel: _____

Departure Date: _____

Return Date: _____

Expense Summary

Date	Description	Category (Flight, Hotel, Meals, Misc.)	Amount (\$)	Receipt Provided (Yes/No)
		<input type="checkbox"/> Flight <input type="checkbox"/> Hotel <input type="checkbox"/> Meals <input type="checkbox"/> Misc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Flight <input type="checkbox"/> Hotel <input type="checkbox"/> Meals <input type="checkbox"/> Misc.		<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Flight <input type="checkbox"/> Hotel <input type="checkbox"/> Meals <input type="checkbox"/> Misc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Flight <input type="checkbox"/> Hotel <input type="checkbox"/> Meals <input type="checkbox"/> Misc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Flight <input type="checkbox"/> Hotel <input type="checkbox"/> Meals <input type="checkbox"/> Misc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Amount Claimed:			\$ _____	

Approval and Authorization

Traveler's Signature: _____

Date: _____

Supervisor's Approval: _____

Date: _____

Finance Department Approval: _____

Date: _____