**Monthly Travel Expense Claim Form**

### **Employee Details**

**Full Name: \_\_\_\_\_\_\_\_\_\_
Employee ID: \_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_
Position: \_\_\_\_\_\_\_\_\_\_
Month of Travel: \_\_\_\_\_\_\_\_\_\_**

### **Expense Breakdown**

| **Date** | **Description** | **Transportation ($)** | **Lodging ($)** | **Meals ($)** | **Misc. ($)** | **Total ($)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Expenses for the Month:** |  | **$\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** |

### **Additional Information**

**Were receipts attached for all expenses? ☐ Yes ☐ No
Did you use a company credit card? ☐ Yes ☐ No**

### **Employee Declaration**

**I certify that the above expenses were incurred for business-related purposes and are accurate to the best of my knowledge.**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**

**Manager’s Approval: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**

**Finance Department Approval: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**