**Travel Expense Reimbursement Form**

### **Traveler Details**

**Full Name: \_\_\_\_\_\_\_\_\_\_
Employee ID: \_\_\_\_\_\_\_\_\_\_
Company Name: \_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_
Contact Email: \_\_\_\_\_\_\_\_\_\_
Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_**

### **Reimbursement Details**

| **Date** | **Expense Type (Airfare, Hotel, Meals, Misc.)** | **Vendor** | **Amount ($)** | **Receipt Attached (Yes/No)** |
| --- | --- | --- | --- | --- |
|  | **☐ Airfare ☐ Hotel ☐ Meals ☐ Misc.** |  |  | **☐ Yes ☐ No** |
|  | **☐ Airfare ☐ Hotel ☐ Meals ☐ Misc.** |  |  | **☐ Yes ☐ No** |
|  | **☐ Airfare ☐ Hotel ☐ Meals ☐ Misc.** |  |  | **☐ Yes ☐ No** |
|  | **☐ Airfare ☐ Hotel ☐ Meals ☐ Misc.** |  |  | **☐ Yes ☐ No** |
| **Total Reimbursement Requested:** |  |  | **$\_\_\_\_\_\_\_** |  |

### **Bank Details for Reimbursement**

**Bank Name: \_\_\_\_\_\_\_\_\_\_
Account Holder Name: \_\_\_\_\_\_\_\_\_\_
Account Number: \_\_\_\_\_\_\_\_\_\_
Routing Number: \_\_\_\_\_\_\_\_\_\_**

### **Authorization & Approval**

**I confirm that all expenses listed above were necessary for business purposes and that I have attached all required receipts.**

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

**Manager Approval: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**

**Finance Department Use Only:
Processed By: \_\_\_\_\_\_\_\_\_\_
Payment Date: \_\_\_\_\_\_\_\_\_\_
Payment Reference Number: \_\_\_\_\_\_\_\_\_\_**