Official Travel Expense Settlement Form

Traveler Information

Name	
Employee ID	
Department	
Travel Dates	to
Destination	
Purpose of Travel	

Expense Details

Date	Description	Amount (USD)	Remarks
	Total		

Advance Received

Amount (USD)	

Amount to be Reimbursed / Returned

Reimbursed	
Returned	

_____
Traveler's Signature
Date:

_____
Approver's Signature
Date: