



## TRAVEL EXPENSES CLAIM FOR THE PERIOD FORM

Payment Voucher : \_\_\_\_\_

Name : \_\_\_\_\_ Emp ID : \_\_\_\_\_ Position : \_\_\_\_\_ Department : \_\_\_\_\_

Date	Description of Expenses : Receipt No. & Destination	Analysis Columns (Please attached all receipts)										Mileage Reimbursement (RM0.80)	Total	Remark (Explanations: Other Expenses)
		Petrol		Subsistence Allowance		Toll		Parking		Other		Miles Traveled		
		RM		RM		RM		RM		RM		KM	RM	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Claim by : \_\_\_\_\_

 Verified by : \_\_\_\_\_  
 (Chief Operating Officer)

 TOTAL AMOUNT CLAIMED  
 ( - ) ADVANCE CASH RECEIVED


Date : \_\_\_\_\_

Date : \_\_\_\_\_

( ) Balance due from company

( ) Balance due to company


 Approved by : \_\_\_\_\_  
 (General Manager)

Date : \_\_\_\_\_

 Checked by : \_\_\_\_\_  
 Verified by : \_\_\_\_\_  
 Date Received : \_\_\_\_\_

## For Finance Department