



## MEAL AND ACCOMMODATION CLAIM FORM

Name : \_\_\_\_\_

Emp. No. : \_\_\_\_\_

Destination of travel : \_\_\_\_\_

Number of days outstation : \_\_\_\_\_

TRAVELLING DATE	DEPARTURE FROM OFFICE OR RESIDENCE (PLEASE STATE)	TIME		DESCRIPTION OF CLAIMS	MEAL (RM)	ACCOMMODATION		
		DEPARTURE	ARRIVAL			ACCOMMODATION CLAIM (RM)	BREAKFAST INCLUDED	
							YES	NO
TOTAL (Amount to be transferred to Expenses Claim Form respectively)								

Claimed by:	Concurred by: (Immediate Superior)	Verified for payment by: (Group Human Capital Division)
<p>.....</p> <p>Name : _____</p> <p>Date : _____</p>	<p>.....</p> <p>Name : _____</p> <p>Date : _____</p>	<p>.....</p> <p>Name : _____</p> <p>Date : _____</p>