

BUSINESS TRIP SUMMARY

Invoice #: _____

Date: _____

Employee Information:

Name: _____

ID: _____

Department: _____

Trip Details:

Destination: _____

Start Date: _____

End Date: _____

Transportation

Description (Airfare, Rail, Taxi)	Date	Receipt #	Amount
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Lodging & Meals

Category	Nights/Days	Daily Rate	Amount
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Hotel / Accommodation			
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Per Diem / Meals			
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Incidentals & Others

Description

Date

Notes

Amount

Subtotal: _____

Advances Received: (_____) _____

Total Reimbursement Due: _____

Employee Signature:

Approval Authority Signature:

* All original receipts must be attached to this summary for processing.