

Sales Staff Expense Report Form

Personal Details:

Name: _____

Employee ID: _____

Department: _____

Date: _____

Manager's Name: _____

Period of Claim: From __/__/__ To __/__/__

1. Travel Expenses

Date	From (Location)	To (Location)	Mode of Transport	Fare Amount	Purpose of Travel
__/__/__	_____	_____	_____	Rs. _____	_____

Total Travel Expense: Rs. _____

2. Food Expenses

Date	Location	Meal Type (Lunch/Dinner/Other)	Amount
__/__/__	_____	_____	Rs. ____

Total Food Expense: Rs. _____

3. Accommodation Expenses

Date	Hotel Name & Location	No. of Nights	Room Type	Amount Per Night	Total Amount
__/__/__	_____	_____	_____	Rs. _____	Rs. _____

Total Accommodation Expense: Rs. _____

4. Client Entertainment & Miscellaneous Expenses

a. Client Entertainment (Dinner, Lunch, etc.):

Date	Client Name/Company	Purpose of Entertainment	Venue	Amount
___/___/___	_____	_____	_____	Rs. ___

Total Client Entertainment Expense: Rs. _____

b. Client Gifts/Bribes:

Date	Client Name/Company	Gift/Bribe Type (Description)	Amount
___/___/___	_____	_____	Rs. ___

Total Client Gifts/Bribes Expense: Rs. _____

5. Other Expenses

Date	Description of Expense	Amount	Purpose of Expense
___/___/___	_____	Rs. ___	_____

Total Other Expenses: Rs. _____

6. Grand Total Expense:

Travel Expense: Rs. _____

Food Expense: Rs. _____

Accommodation Expense: Rs. _____

Client Entertainment & Gifts/Bribes Expense: Rs. _____

Other Expenses: Rs. _____

Total Amount to be Reimbursed: Rs. _____

Employee Signature: _____

Date: __/__/__

Manager's Approval: _____

Date: __/__/__

Finance Department Approval: _____

Date: __/__/__