

Weekly Travel Expense Form (Staff Vehicle)S

Employee Information:

Name: _____

Department: _____

Employee ID: _____

Weekly Travel Log

Day	Monday	Tuesda y	Wednesday	Thursda y	Friday	Saturda y	Sunday
Date	_____	_____	_____	_____	_____	_____	_____
Odometer Start (km)	_____	_____	_____	_____	_____	_____	_____
Odometer End (km)	_____	_____	_____	_____	_____	_____	_____
Total Distance (km)	_____	_____	_____	_____	_____	_____	_____
Total Claim Amount (₹)	_____	_____	_____	_____	_____	_____	_____

Total Distance for the Week: _____ km

Total Claim Amount (₹): ₹_____

Employee Signature: _____

Date: _____

Manager's Approval: _____

Date: _____