



SpeedoMass Communication Private Limit Travel Accommodation

Employee Name: Purpose of Trip Designation: **Employee ID:** Date Date Date Date Date Date Travel Details From: To: Usage of Personal Car in KMs: Food and Accommodation Expenses: Totals Room Rent: Breakfast: Lunch: Dinner: Travel & Other Expenses Usage Rate Rs./KM Air Ticket: Taxi: Rent A Car: Other Transport: Telephone: Tolls: Parking: Tips: Other: **Daily Total** Less: Cash Advance Date of Submission Approved By: Total Reimbursable Amount Amount in Words Employee Signature **HOD Signature**

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