Travel Category :

Name :

Designation :

Department :

Cost Center :

Project Name :

Employee ID :

Contact Number :

Immediate Supervisor :

Trip paid by customer :

Purpose of Travel :

Travel From :

Travel To :

Departure Date :

Depart Time :

Return Date :

Return Time :

Advance Amount :

ESTIMATION of TRAVEL EXPENSES

Per Diem () : RM

Accommodation : RM

Car Rental : RM

Lunch with Customer : RM

Dinner with Customer : RM

Entertainment : RM

Others : : RMTravel Category:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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