

Intrico Advisors Private Limited

Expense Reimbursement

Employee Name:

ID:

Client Name:

Department:

Expense Period	
From:	<input type="text" value="08-02-2024"/>
To:	<input type="text" value="20-03-2024"/>

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST
08-02-2024	Self Drive @20km per day (10km each side)	Self Drive	200
09-02-2024	Uber (To and Fro)	Uber	236
12-02-2024	Uber (To and Fro)	Uber	155
13-02-2024	Uber (To and Fro) + Food	Uber	518
14-02-2024	Uber (To and Fro) + Food	Uber	449
16-02-2024	Uber (To and Fro)	Uber	296
22-02-2024	Uber (To and Fro)	Uber	319
27-02-2024	Uber (To and Fro)	Uber	227
12-03-2024	Uber (To and Fro)	Uber	157
20-03-2024	Uber (To and Fro) + Food	Uber	618

Note: Mileage reimbursement for personal car = Rs10/-pkm and bike= Rs5/- pkm

SUBTOTAL	<input type="text" value="3,175.00"/>
Less Cash Advance	<input type="text"/>
TOTAL REIMBURSEMENT	<input type="text" value="3,175.00"/>

Don't forget to attach receipts!

Employee Signature

Date

Approval Signature

Date