



EXPENSE REIMBURSEMENT FORM

Generated: 2025-04-02 17:42:01

TRISNOTA TECHNICAL SERVICES PVT. LTD.

Address: 1110, Mayuresh Cosmos, Plot no. 37
Sector - 11, CBD Belapur, Navi Mumbai - 400614
Maharashtra, India
Phone: +91 22 4605 5448
Email: accounts@ttspl.co.in

Expense ID:

27310d88-db04-43c2-93bd-7605960e44a4

Expense From: 05-Mar-2025

Expense To: 02-Apr-2025

Created on: 02-Apr-2025

Current Status: Pending

EMPLOYEE INFORMATION

Name: Lavu Palav
Employee Code: EMP0001
Designation: Software Developer
Location: Mumbai
Work Location: Belapur Office (BO)
Email: lpalav350@gmail.com
Mobile: 8419960598

EXPENSE SUMMARY

Total Claimed: Rs.3,681.91
Approved Amount: Rs.0.00

EXPENSE DETAILS

Sr.No	Start Date	End Date	Travel Mode	Details	Total Amt (INR)	Total Amt (FCY)	FA
01	05-Mar-25	05-Apr-25	Train	Monthly Pass	Rs.535.00	(INR)	Yes
02	01-Apr-25	02-Apr-25	Others	Food Bill	Rs.3,146.91	58-(AUD)	Yes

ATTACHMENTS

01 - IMG_20250326_110135.jpg
02 - invoice-template-PDF-2.pdf

APPROVAL WORKFLOW

Submitted By	Approved By	Status
Lavu Palav	Account Team	Status: Pending
02-Apr-2025	____/____/____	____/____/____

NOTES

- Payment will be processed within 5-7 working days after approval
- Original receipts must be submitted for auditing
- Unapproved expenses will be deducted from salary

ATTACHMENT PREVIEW

Attachment 01: IMG_20250326_110135.jpg

CRIS



HAPPY JOURNEY

MONTHLY

ADULT SEASON

25/03/2025

₹535.00/-

7666034966

UTS No: X0SPE1E06E

MONTHLY

ID Card Number: 253552175589

Pass: Mr. SANKET SUBHASH DERE

Age: 25 years

Between

खारकोपर(27)

S KHARKOPAR

बेलापूर सी.बी.डी.

D BELAPUR C.B.D

बेलापूर सी.बी.डी.

प्रथम

साधारण

CLASS: FIRST

TRAIN TYPE: ORDINARY

प्र श्रे

साधारण

via 1RT>> SWDV

SAC:996411

IR:27AAAGM0289C2ZI

GST C:12.68

S:12.68

Total GST:Rs.25.36

Validity: FROM 26/03/2025 TO 25/04/2025

R17636

Distance: 11 km

Booking Time: 25/03/2025 18:51

It is recommended not to perform factory reset or change you handset whenever you are having valid ticket in the mobile.

[Click for Changing Handset with Valid Ticket](#)

FOR MEDICAL EMERGENCY / FIRST AID, CONTACT TICKET CHECKING STAFF/GUARD OR DIAL 139

Attachment 02: invoice-template-PDF-2.pdf

Your Company name

Building name 123 Your
Street City/State, Country
Zip Code

+ 1-541-754-3010
you@email.com
yourwebsite.com
GSTIN

Invoice

Date: MM/DD/YYYY

Invoice #: 00001

Customer #: CUST123

Purchase order #: 00002

Payment due by: MM/DD/YYYY

Billed to

Client name
123 Your Street
City, State, Country
Zip Code
Phone

Ship to (if different)

Client name
123 Your Street City, State,
Country Zip Code
Phone

Description	Unit cost	QTY/HR Rate	Amount
Your item name	\$0.00	1	\$0.00
Your item name	\$0.00	1	\$0.00
Your item name	\$0.00	1	\$0.00
Your item name	\$0.00	1	\$0.00
Your item name	\$0.00	1	\$0.00
Your item name	\$0.00	1	\$0.00
Your item name	\$0.00	1	\$0.00
Your item name	\$0.00	1	\$0.00

Special notes and instructions

Your notes here

Subtotal: \$0.00

Discount: \$0.00

Tax rate %

Tax \$0.00

Total: \$0.00

Make all cheques payable to my company name.

Thank you for your business!

Should you have any enquiries concerning this invoice, please contact us.

123 Your Street City, State, Country, Zip Code

Tel: + 1-541-754-3010 | Fax: + 1-541-754-3010 | Email: info@yourwebsite.com | www.yourwebsite.com