

LOCAL CONVEYANCE/MEAL REIMBURSEMENT FORM

NAME OF THE ENTITY: : DATE: 18-Oct-2024

Part I: Payee Information

| | |
|------------------------|------------------------|
| Employee Name: Kangkan | Employee ID: 3 |
| Department: IT | Designation: Sales Man |

Part II: Record of Expenses

| Sl# | Date | Reason For Entertainment | Travel Origin to Destination | Transport Details | General Ledger Account Name | |
|-------|-------------------------|--------------------------|------------------------------|-------------------|-----------------------------|--------------------|
| | | | | | Conveyance (TK) | Entertainment (TK) |
| 1 | 02-Oct-2024 11:46:11 AM | Lab | Unilever Bangladesh Ltd. | | | |
| 2 | 02-Oct-2024 11:34:35 AM | R&D | [Other] | | | |
| 3 | 01-Oct-2024 11:06:00 PM | Collection | [Other] | | | |
| 4 | 01-Oct-2024 11:05:50 PM | Collection | [Other] | | | |
| 5 | 27-Sep-2024 10:08:18 PM | Business | Unilever Bangladesh Ltd. | bus 02 | | |
| 6 | 26-Sep-2024 10:23:30 AM | Business | Unilever Bangladesh Ltd. | Bus | 101 | 202 |
| Total | | | | | 101 | 202 |

(The person claiming visit allowance can not request reimbursement for local conveyance and bill for meal reimbursement simultaneously)
I hereby certify that all expenses on this report were incurred for business purposes complying with the applicable policy of the entity.

Reimbursement Receipt:

Claimants SignatureDate

Authorized SignatureDate

Reimbursement Receipt

Total Amount to be received: TK. 303

Amount in words: Three Hundred Three

Receivers SignatureDate