

LOCAL CONVEYANCE/MEAL REIMBURSEMENT FORM

NAME OF THE ENTITY: DATE: 19-Oct-2024

Part I: Payee Information

Employee Name:	Employee ID:
Department:	Designation:

Part II: Record of Expenses

					General Ledger Account Name	
Sl#	Date	Reason For Entertainment	Travel Origin to Destination	Transport Details	Conveyance (TK)	Entertainment (TK)
Total					0	0

(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 Signature	Date
Authorized Signature	Date

Reimbursement Receipt	
Total Amount to be received: TK. 0	
Amount in words:	
Receivers Signature	Date