

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 Approval
Claimants Signature
Authorized Signature

Date
Date