

Conveyance Report

From: 2024-09-18 To 2024-10-18

| Sl# | Date | Sales Force | Person Name | Designation | Mobile No | Transportation Amt | Refreshment Amt | Authorised By |
|-------|------|-------------|-------------|-------------|-----------|--------------------|-----------------|---------------|
| 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 SignatureDate

Authorized SignatureDate

Reimbursement Receipt

Total Amount to be received: TK. 0

Receivers SignatureDate