

**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
1	02-Oct-2024	Kangkan	z					
2	02-Oct-2024	Kangkan	kangkan	dev	019			
3	02-Oct-2024	Kangkan	kk	dev	019			
4	01-Oct-2024	Kangkan	kk 254	dev 05	01921232956			
5	01-Oct-2024	Kangkan	kk 254	dev 01	01921232956			
6	01-Oct-2024	Kangkan	kk 254	dev 01	01921232956			
7	30-Sep-2024	Kangkan						
8	27-Sep-2024	Kangkan						
9	26-Sep-2024	Kangkan				101	202	
Total Amount						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

Receivers SignatureDate