

LOCAL CONVEYANCE/MEAL REIMBURSEMENT FORM

NAME OF THE ENTITY: : DATE: 18/Oct/20242024

Part I: Payee Information

Employee Name: Rubel rubel000000	Employee ID: Rubel 111111
Department: sssRubel rubel000000	Designation: dddRubel 111111

Part II: Record of Expenses

Sl#	Visit Date	Employee Name	Customer Name	Contact Name	Designation	Self Discussion	HOT Advice
1	02-Oct-2024 12:02:25 PM	Kangkan	Unilever Bangladesh Ltd.	z			
2	02-Oct-2024 11:46:11 AM	Kangkan	Unilever Bangladesh Ltd.	kangkan	dev		
3	02-Oct-2024 11:34:35 AM	Kangkan	[Other]	kk	dev		
4	01-Oct-2024 11:06:07 PM	Kangkan	[Other]	kk 254	dev 05		
5	01-Oct-2024 11:06:00 PM	Kangkan	[Other]	kk 254	dev 01		
6	01-Oct-2024 11:05:50 PM	Kangkan	[Other]	kk 254	dev 01		
7	30-Sep-2024 10:22:00 AM	Kangkan	Rakiburl Islam			kk test	
8	27-Sep-2024 10:08:18 PM	Kangkan	Unilever Bangladesh Ltd.				
9	26-Sep-2024 10:23:30 AM	Kangkan	Unilever Bangladesh Ltd.				kk