

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#	Visit Date	Employee Name	Customer Name	Contact Name	Designation	Self Discussion	HOT Advice
1	02-Oct-2024 11:46:11 AM	Kangkan	Unilever Bangladesh Ltd.				
2	02-Oct-2024 11:34:35 AM	Kangkan	[Other]				
3	01-Oct-2024 11:06:00 PM	Kangkan	[Other]				
4	01-Oct-2024 11:05:50 PM	Kangkan	[Other]				
5	27-Sep-2024 10:08:18 PM	Kangkan	Unilever Bangladesh Ltd.				
6	26-Sep-2024 10:23:30 AM	Kangkan	Unilever Bangladesh Ltd.				