

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 Signature

Date

Authorized Signature

Date

Reimbursement Receipt

Total Amount to be received: TK. 303

Receivers Signature

Date