

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#	Date	Reason For Entertainment	Travel Origin to Destination	Transport Details	General Ledger Account Name	
					Conveyance (TK)	Entertainment (TK)
1	02-Oct-2024 11:46:11 AM	Lab	Unilever Bangladesh Ltd.			
2	02-Oct-2024 11:34:35 AM	R&D	[Other]			
3	01-Oct-2024 11:06:00 PM	Collection	[Other]			
4	01-Oct-2024 11:05:50 PM	Collection	[Other]			
5	27-Sep-2024 10:08:18 PM	Business	Unilever Bangladesh Ltd.	bus 02		
6	26-Sep-2024 10:23:30 AM	Business	Unilever Bangladesh Ltd.	Bus	101	202
Total					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 Approval	Reimbursement Approval
Claimants Signature	Claimants Signature
Date	Date
Authorized Signature	Authorized Signature
Date	Date