

Travel Expenses Reimbursement Form

Employee Name	Employee ID	Employee Position
DWARAKANATHAN S	AMD0000	MANAGING DIRECTOR
Division	Expense From date	Expense To date
ALAMELU AMMAL - OFFSET	22-10-25	23-10-25
Travel purpose	ENo	Destination
Bangalore Trip	TRA/0157	BANGALORE

Date	Description	Transport	Hotel	Meals	Misc.	Total
22-10-25	Bangalore Trip	17585.000	6084.000	.000	.000	23669.000

I certify that these expenses were incurred in accordance with Gainup group travel expenses policy guidelines and that they represent prudent, reasonable and necessary expenses.

* Don't forget to attach bills/receipts

Subtotal: 23669.000

Advance Payment:

Total Reimbursement: 23669.000

Employee Signature	_____	Date	_____
--------------------	-------	------	-------

Approval Signature	_____	Date	_____
--------------------	-------	------	-------

Approval Name	Designation
---------------	-------------

Note:

1. Public Transport: Ticket should be affixed.
2. On duty approved sheet is must and to be submitted along with claim bill.