

## Travel Expenses Reimbursement Form

Employee Name	Employee ID	Employee Position
VINOTHKUMAR P	GGA0111	MANAGER – MERCHANDISER

Division	Expense From date	Expense To date
GAINUP – GARMENTS	04-10-25	04-10-25

**Travel purpose**

ORDER FOLLOW UP MEETING G4/G5

Date	Description	Transport	Hotel	Meals	Misc.	Total
04-10-25	Meeting	.000	.000	600.000	100.000	700.000

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.

**Subtotal:** 700.000

**Advance Payment:**

\* Don't forget to attach bills/receipts

**Total Reimbursement:** 700.000

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval Name** VINODKUMAR **Designation** VICE PRESIDENT

**Note:**

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