

Travel Expenses Reimbursement Form

Employee Name

KRISHNA.KUMAR.M

Employee ID

GKA0484

Employee Position

JR.MERCHANDISER

Division

GAINUP - SOCKS - I

Expense From date

11-11-25

Expense To date

11-11-25

Travel purpose

PP Sample approval purpose

ENo

TRA/0182

Destination

TIRUPPUR

Date	Description	Transport	Hotel	Meals	Misc.	Total
11-11-25	Coimbatore Buyer office	270.000	.000	290.000	100.000	660.000

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: 660.000

Advance Payment:

* Don't forget to attach bills/receipts

Total Reimbursement: 660.000

Employee Signature

Date

Approval Signature

Date

Approval Name JACOB.W

Designation GM-MARKETING & MERCHANDISING

Note:

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