

Travel Expenses Reimbursement Form

Employee Name	Employee ID	Employee Position
KRISHNA.KUMAR.M	GKA0484	JR.MERCHANDISER
Division	Expense From date	Expense To date
GAINUP - SOCKS - I	11-11-25	11-11-25
Travel purpose	ENo	Destination
PP Sample approval purpose	TRA/0182	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:

Total Reimbursement: 660.000

* Don't forget to attach bills/receipts

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.