

# Travel Expenses Reimbursement Form

|                    |                 |
|--------------------|-----------------|
| Employee Name:     | ARUNAGIRIRAJA.S |
| Employee ID:       | GGA0852         |
| Employee Position: | AGM & MANAGERS  |
| Division:          | Garments        |

Expense Period

| From       | To         |
|------------|------------|
| 02/12/2025 | 30/12/2025 |

Travel purpose

GST AUDIT OFFICE AND GST OFFICE - 2 DAYS DINDIGUL MADURAI

[illegible]

|        |          |        |        |
|--------|----------|--------|--------|
| Total: | 1,000.00 | 300.00 | 100.00 |
|--------|----------|--------|--------|

Subtotal: ₹ 1,400.00

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.

Advance Payment:

Total Reimbursement: ₹ 1,400.00

Employee Signature: \_\_\_\_\_

Date: 03/01/2026

\*Don't forget to attach bills/receipts

Approval Signature: \_\_\_\_\_

Date: 03/01/2026

|                |            |              |                |
|----------------|------------|--------------|----------------|
| Approval Name: | RAMASAMY.S | 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