



KRISUMI CORPORATION

Annexure to Domestic Travel Expenses Claim Format

TRAVELLING BILL

NAME : *Biny Jacob*

DESIGNATION : *Executive Assistant*

S.NO	DATE	TIME	FROM	TO	ARRIVAL TIME	MODE OF TRANSPORT	FARE (Paid by employee)	FARE (Paid by Company)
1								
2								
3								
4								
5								
6								
7								
Total								0

EXPENSES DETAILS

Sl. No.	Expenses	No. Of Days	Bill No.	Date	AMOUNT (USD \$)	AMOUNT (Rs.)
1	Lodging					
2	Boarding					
3	Conveyance (Please Give details Below)					
4	Entertainment					
5	Telephone					
6	Printing & Stationery					
7	Airport Taxes					
8	Others (Pls. Specify)					
TOTAL						0

CONVEYANCE EXPENSES DETAILS

DATE	FROM	TO	MODE	KM	RATE	AMOUNT	PURPOSE
12-12-23	Office	Farm	CAR	34	9.0	306	Official Visit
15-12-23	Office	Farm	CAR	34	9.0	306	Official Visit
18-12-23	Farm	Office	CAR	34	9.0	306	Official Visit
19-12-23	Shubha	Home	CAR	40	9.0	360	Official Visit
2-1-24	Office	Emmen.	CAR	20	9.0	180	Official Travel
Total						1458	

OK

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[Signature]
Signature of the Employee