

~~405/216 JIN~~ 21/4/2025



# KRISUMI CORPORATION

Annexure to Domestic Travel Expenses Claim Format

## TRAVELLING BILL

NAME : RAMBIR (K1010)

DESIGNATION :

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

### EXPENSES DETAILS

Sl. No.	Expenses	No. Of Days	Bill No.	Date	AMOUNT (USD \$)	AMOUNT (Rs.)	
1	Lodging	21-4-2025	ont	21/4/25			
2	Boarding	21/4 ont				940	
3	Conveyance (Please Give details Below)						
4	Entertainment						
5	Telephone						
6	Printing & Stationery						
7	Airport Taxes						
8	Others ( Pls. Specify)						
TOTAL						940	0

### CONVEYANCE EXPENSES DETAILS

DATE	FROM	TO	MODE	KM	RATE	AMOUNT	PURPOSE
							Krisumi Corporation
							ont 4th-1 ont
							कार्यालय स्थिति
							for more 2nd
Total							

~~Approved~~  


Signature of the Employee

~~21/4/2025~~  
 21/4/2025

Total A+B

NIL + 940 =

940

21/4/25

