



KRISUMI CORPORATION

Annexure to Domestic Travel Expenses Claim Format

TRAVELLING BILL

NAME : SAHIR RAICKER

DESIGNATION : MT SAES

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
→ 5.6.25	Mission Area	work/office	car	11	9		Back to office
→ 14.6.25	office	Emrold Plaza	car	13	9		After (P) need claim & Infinity AP activation
→ 19.6.25	Emrold Plaza	office	car	13	9		Back to office
→ 1.7.25	office	M5 Con park	car	11	9		Nyssa & advise activation
→ 1.7.25	Mission Area	office		11	9		Back to office
Total				(59) x (9)			

531

R. Singh
13/07/25

Sahir

Signature of the Employee