

**SINTEX INDUSTRIES LIMITED**

**Relocation Expenses Reimbursement Form**

Employee Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Joining: DD / MM / YYYY Place of Joining: \_\_\_\_\_

Relocation Expenses Prior Approval Taken (Y/N) – Attach copy of approval

Detail of Relocation Expenses -

Name of Person/Goods	Destination (From – To)	Date	Mode of Travel /Transportation	Amount (Rs.)
Total Bill Amount				
Total Amount to be claimed				

\_\_\_\_\_  
(Sign. of Employee)

Date of Claim: DD / MM / YYYY

(Note – Employee is requested to compulsorily attach the tickets & bills of transportation along with this form else no reimbursement will be made, also if in case total relocation reimbursement claim amount exceeds the limit mentioned in policy, employee has to bear expenses over & above the limit.)

**(B) For Office Use:**

Date of Claim Received: DD / MM / YYYY

Sr. No.	Deviation	Approved / Not Approved	Signature

Total Amount to be reimbursed: \_\_\_\_\_

Checked & verified by

Approved By

\_\_\_\_\_  
(HR Dept.)

\_\_\_\_\_  
(F&A Dept.)

\_\_\_\_\_  
(CEO)