



MEAL REIMBURSEMENT APPLICATION

To,

Date:

The Accounts Department,

PIX Transmissions Ltd.

J-7 M.I.D.C, Hingna Road,

Nagpur- 440016

Subject: Meal Reimbursement

You are requested to reimburse the following meal expenses:

Employee Name: _____

Employee No: _____

Expense Amount: _____

Signature of Applicant

For PIX Transmissions Ltd.

Signature of HOD

Note: Bill(s) should be attached for the claimed amount.