

## Marketing or TADA Expenses Request Form

**Request Form No.:**

**Request Date:**

**Name:**

**Designation:**

**Department:**

Travel Plan			
S.N.	Date	Area	Remarks

**Approved Amount (in figures):** \_\_\_\_\_

**Approved Amount (in words):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Requested By**

\_\_\_\_\_  
**Verified By**

\_\_\_\_\_  
**Department Head**

\_\_\_\_\_  
**Approved By**  
**Kushal Kathayat**  
**CEO**