

TRAVEL EXPENSE CLAIM SHEET FOR STAY

NAME	Santlal	DEPARTMENT	Clinical	TOUR APPROVED BY :
EMP. CODE	DC00818	GRADE	N1	
DESIGNATION	Staff Nurse	LOCATION	CH HISAR	
TOUR FROM DATE	08/01/2023	TOUR TO DATE	31/8/2023	

AIR/TRAIN/BUS FARE :

LOCAL CONVEYANCE:

SR	Date	From Place	Mode	To Place	City	Amt. (Rs.)	KMs	Remarks
1	18/08/2023	Hisar	Bus+Auto	Ambala	HISAR	290.00	220	
2	19/08/2023	Ambala	Bus+Auto	Hisar	Ambala	290.00	220	
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
TOTAL						580.00		

	GRAND TOTAL A+B+C		REMARKS IF ANY			
	ADVANCE TAKEN					
	TOTAL					
DEDUCTED AMOUNT						
APPROVED AMOUNT		0.00	FINAL AUTH: DIRECTOR			
APPROVED BY HR HEAD		APPROVED BY HEAD	ACCOUNTS HEAD APPROVA			

REPORT SUMMARY OF TOUR:
1
2
3
4
5

* NOTE: PLEASE SEND THIS COPY BY MAIL TO IMMEDIATE HOD FOR APPROVAL & SEND PRINTOUT WITH ENCLOSURES IN CHRONOLOGICAL ORDER
 ** NOTE: ALL TRAVEL TICKETS IN ORIGINAL & HOTEL STAY BILLS TO BE ENCLOSED AS A PROOF. *** ADVISED TO KEEP COST UNDER CONTROL