

		DCDC HEALTH SERVICES PRIVATE LIMITED,					
		B-22, NEW MULTAN NAGAR, NEW DELHI- 110056					
TRAVEL EXPENSE CLAIM SHEET FOR STAY							
NAME	Dimple	DEPARTMENT	Nephrology		TOUR APPROVE		
EMP. CODE	DC02398	GRADE			Kahkashan Naaz		
DESIGNATION	Sr. Technician	LOCATION	Ambala				
TOUR FROM DATE	19-05-2023	TOUR TO DATE	20-05-2023				
AIR/TRAIN/BUS FARE : 410							
LOCAL CONVEYANCE:							
SR	Date	From Place	Mode	To Place	City	Amt. (Rs.)	KMs
1	19.01.23	Jagadhari	Bus	Ambala		125	
2	20.01.23	Ambala	Bus	Jagadhri		125.00	
TOTAL						250.00	0
					ND TOTAL A+B+C	REMARKS IF ANY	
					VANCE TAKEN	0	
					TOTAL	250	
					main AMOUNT	250	
APPROVED BY HR HEAD	APPROVED BY ACCOUNTS HEAD	APPROVAL	APPROVED AMT	0.00	FINAL AUTH: DIR		
SUMMARY OF TOUR:							
1	p						
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							

  
 JAGADHRI  
 CIVIL HOSPITAL  
 25/5/23