EXPENSE REIMBURSEMENT FORM

Employee Name : ROHIT KUMAR

ID : DC02526

Manager Name : MR. VIVEK SARAF

Department : NEPHROLOGY

Expense Period
From : 27/7/23
To : 30/7/23.

Itemized Expenses

DATE	PARTICULARS	DESCRIPTION	COST
27/7/23	Bus -	LTP to ~~VIII~~ Jhansi	100/-
27/7/23	Train -	Jhansi to AGRA	213/-
28/7/23	Bus -	Agra to Aligarh	150/-
29/7/23	Bus -	Aligarh to Agra	150/-
29/7/23	Train -	Agra to Jhansi	412/-
30/7/23	Bus -	Jhansi to lalitpur	100/-
27 to 30	local trabling	Lalitpur to aligarh	300/-
		Total Cost	1425
		Less : Advance recd.	
		Total Reimbursement	

*Note: In case of Local Travelling Expense, please attach the travelling details in the prescribed Annexure-A.

Employee Signature
Rohit

Date 31/7/23

Authorized Signature

DCDC KIDNEY CARE * LALITPUR * DCDC-DISTT. HOSPITAL

Date