



RVICES PRIVATE LIMITED,
 185, 1st Floor, Maya Puri Industrial Area-II, New Delhi -110064
TRAVEL CLAIM FORM FOR ALL EMPLOYEES FOR OUT SIDE DELHI/NCR

NAME	KM RAJ NANDINI	DEPARTMENT	NEPHROLOGY	TIME: 06:00 PM	TOUR APPROVED BY : Mr. RAHUL SINGH
EMP. CODE	DC02589	GRADE			
DESIGNATION	JR. TECHNICIN	Travel Location	MULTIPAL LOCATION		
TOUR FROM DATE	09/19/2024	TOUR TO DATE	09/21/2024		

AIR/TRAIN/BUS FARE		From	To	MODE OF TRAVEL	CLASS OF TRAVEL	FARE AMOUNT	PAID BY	REMARKS
SR.	DEP. DATE							
1								
2								
3								
TOTAL						₹ 0.00		

LODGING & BOARDING EXPENSES:								
SR.	CHECK IN DATE	CHECK IN TIME	CHECK OUT DATE	PLACE/ HOTEL NAME	ACCOMADATION	STAY AMOUNT	FOOD EXPENSE	CLASS OF CITY
1								
2								
3								
4								
5								
6								
7								
8								
9								
TOTAL						₹ 0.00	₹ 0.00	

LOCAL CONVEYANCE AT OUT SIDE DELHI/NCR								
SR.	DATE	FROM PLACE	MODE	TO PLACE	CITY	AMOUNT	KMS	DAILY ALLOWANCE
1	09/19/2024	SANT KABIR NAGAR	PVT VEHICLE	TTT PROGRAME LKO	LUCKNOW	₹ 400.00	240 KM	
2	09/21/2024	SANT KABIR NAGAR	PVT VEHICLE	TTT PROGRAME LKO	LUCKNOW	₹ 400.00	240 KM	
3								
4								
5								
6								
7								
8								
TOTAL						₹ 800.00		

<i>Rajivendra</i>			GRAND TOTAL A+B+C	₹ 800.00	REMARKS IF ANY
			ADVANCE TAKEN		
			TOTAL		
			DEDUCTED AMOUNT		
SIGN OF EMPLOYEE	APPROVED BY HEAD		APPROVED AMOUNT	₹ 0.00	FINAL AUTH: DIRECTOR

REPORT SUMMARY OF TOUR:							
1							
2							

* 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