

DCDC HEALTH SERVICES PRIVATE LIMITED,

B-22, NEW MULTAN NAGAR, NEW DELHI-110056

TRAVEL EXPENSE CLAIM SHEET FOR STAY

NAME	Dinesh	DEPARTMENT	Clinical	TOUR APPROVED BY :	
EMP. CODE	DC01590	GRADE	T2		
DESIGNATION	Staff Nurse	LOCATION	CH HISAR		
TOUR FROM DATE	09/01/2023	TOUR TO DATE	30/9/2023		

AIR/TRAIN/BUS FARE :

LOCAL CONVEYANCE:

SR	Date	From Place	Mode	To Place	City	Amt. (Rs.)	KMs	Remarks
1	01/09/2023	Hisar	Bus+Auto	Ambala	HISAR	290.00	220	
2	02/09/2023	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 BY HR HEAD	APPROVED BY HEAD	ACCOUNTS HEAD APPROVAL	APPROVED AMOUNT	0.00	FINAL AUTH: DIRECTOR
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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