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	erintel of		TRAVELE	XPENSE CLAIM SHEET FOR	ISTAY/		14.	and to the		de di	MANAGER CHESTON
Maria A. W. Lander	Law Carlotte	SANTLAL	The Atlanta	DEPARTMENT	Maria Control	CLINICAL			T	OUR APPROVED	SY:
NAME			-	GRADE		N1					
EMP. CODE		DC00818		LOCATION		CH HISAR					
DESIGNATION		STAFF NURSE		TOUR TO DATE		31/7/2023					
TOUR FROM DATE		01/07/2023		IR/TRAIN/BUS FARE							
				OCAL CONVEYANC							
			_			City	Amt	. (Rs.)		KMs	Remarks
SR	Date	From Place	Mode	To Place		HISAR	_	90.00		260	
1	20/07/2023	CH-HISAR	BUS+Aut			CHANDIGARH	390.00			260	
2	21/07/2023	CHANDIGARH	BUS+Aut	d HISAR	-	CHAITOIGAIIII	+				
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						ADVANCE TAKEN		1	_		1
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]				DEDUCTED AMO		+	-+		UTILL DIDECTOR
APPROVED BY HR HEAD		APPROVED BY HEAD CCOU		OUNTS HEAD APP	AD APPROVA APPROVED AM		TNUC	0.00		FINAL AUTH: DIRECTOR	
REPORT SUMMARY OF TOUR:				x 131			16.			94.1	No. 1 × 1
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		. NUTE DI EASE SEND THIS D	DRY BY MAIL T	D IMMEDIATE HOD FOR APPROV	AL & SEND) PRINTOUT WITH ENCLOSURE	S IN CHRON	NOLOGICAL ORD	ER		