DCDC HEALTH SERVICES PRIVATE LIMITED, B-22, NEW MULTAN NAGAR, NEW DELHI- 110056 TRAVEL EXPENSE CLAIM SHEET FOR STAY NAME DEPARTMENT **TOUR APPROVED BY:** Dinesh Clinical EMP. CODE DC01590 GRADE T2 DESIGNATION Sr.D.Tech LOCATION CH HISAR **TOUR FROM DATE** 01/05/2023 **TOUR TO DATE** 31/5/2023 AIR/TRAIN/BUS FARE: LOCAL CONVEYANCE: Mode Amt. (Rs.) SR Date From Place To Place City KMs Remarks 1 19/05/2023 CH-HISAR Bus+Auto Ambala Ambala 290.00 220 20/05/2023 Ambala Bus+Auto Ch Hisar Hisar 290.00 220 TOTAL 580.00 **GRAND TOTAL A+B+C REMARKS IF ANY ADVANCE TAKEN TOTAL DEDUCTED AMOUNT APPROVED BY HR HEAD** APPROVED BY HEAD CCOUNTS HEAD APPROVA **FINAL AUTH: DIRECTOR APPROVED AMOUNT** 0.00 **REPORT SUMMARY OF TOUR:** 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