			DCDC HE	ALTH SERVICES PRIVATE	LIMITED,			
		B		MULTAN NAGAR, NEW D				
			TRAVEL	EXPENSE CLAIM SHEET F	<u>OR STAY</u>			
NAME		Sant Lal		DEPARTMENT	Clinical		TOUR APPROVED BY :	
EMP. CODE		DC00818		GRADE	N1			
DESIGNATION		Staff Nurse		LOCATION	CH HISAR			
TOUR FROM DATE		01/06/2023		TOUR TO DATE	30/6/2023			
				R/TRAIN/BUS FARI				
LOCAL CONVEYANCE:								
SR	Date	From Place	Mode	To Place	City	Amt. (Rs.)	KMs	Remarks
1	02/06/2023	CH-HISAR	Bus+Auto	Ambala	Ambala	290.00	220	
	03/06/2023	Ambala	Bus+Auto	Ch Hisar	Hisar	290.00	220	
			то	TAL		580.00		
					GRAND TOTAL A+B+C	560.00	REMARKS IF ANY	
					ADVANCE TAKEN			
					TOTAL			
					DEDUCTED AMOUNT			
APPROVED BY HR HEAD		APPROVED BY HEAD	CCOUNTS HEAD APPROVA		APPROVED AMOUNT	0.00	FINAL AUTH:	DIRECTOR
REPORT SUMMARY OF TOUR:		ATROLED DI TIEAD				0.00		
1								
2								
3								
4								
5								
c	1	* NATE: DI FASE SEND THIS CODV RV MAI		E HUU EUB VOOLUUU & ZENU D	RINTOUT WITH ENCLOSURES IN CHRONOLO	SICAL ORDER		
					PRODF. *** ADVISED TO KEEP COST UNDE			
		NUTE: ALL INAVEL HERE IS IN UKIDIN	MC U 1101EL 3	INT UILLA TU UL ENGLUAEU AA A				