

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	Sr.D.technician	LOCATION	CH HISAR					
TOUR FROM DATE	08/01/2023	TOUR TO DATE	31/8/2023					
AIR/TRAIN/BUS FARE :								
LOCAL CONVEYANCE:								
SR	Date	From Place	Mode	To Place	City	Amt. (Rs.)	KMs	Remarks
1	04/08/2023	Hisar	Bus+Auto	Ambala	HISAR	290.00	220	
2	05/08/2023	Ambala	Bus+Auto	Hisar	Ambala	290.00	220	
3								
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14								
15								
16								
17								
18								
19								
<b>TOTAL</b>						580.00		
						<b>GRAND TOTAL A+B+C</b>		<b>REMARKS IF ANY</b>
						<b>ADVANCE TAKEN</b>		
						<b>TOTAL</b>		
						<b>DEDUCTED AMOUNT</b>		
<b>APPROVED BY HR HEAD</b>		<b>APPROVED BY HEAD</b>	<b>CCOUNTS HEAD APPROVA</b>	<b>APPROVED AMOUNT</b>	0.00	<b>FINAL AUTH: DIRECTOR</b>		
<b>REPORT SUMMARY OF TOUR:</b>								
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								