

DCDC HEALTH SERVICES PRIVATE LIMITED,								
B-22, NEW MULTAN NAGAR, NEW DELHI- 110056								
TRAVEL EXPENSE CLAIM SHEET FOR STAY								
NAME	Sant Lal	DEPARTMENT	Clinical	TOUR APPROVED BY :				
EMP. CODE	DC00818	GRADE	N1					
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	15/09/2023	Hisar	Bus+Auto	Ambala	HISAR	290.00	220	
2	16/09/2023	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	CCOUNTS HEAD APPROVA	APPROVED AMOUNT	0.00	FINAL AUTH: DIRECTOR			
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								