

# OUTSTATION TOUR CLAIM FORM

## FOR SHORT VISIT

NAME OF EMPLOYEE :	T.A. BILL NO.
DESIGNATION :	PLACE OF WORK :
EMPLOYEE CODE NO. :	TOUR PERIOD FROM TO
REPORTING TO:	DATE OF SUBMISSION OF BILL :

### 1. DETAILS OF JOURNEY AND FARE - (OUTWARD / INWARD) - TICKETS TO BE ATTACHED :

PLACE		VISIT		MODE OF TRANSPORT	CLASS	TICKET	FARE
FROM	TO	START TIME	END TIME			NO.	Rs.
TOTAL FARE (Rs.)							

### IN CASE THE JOURNEY PERFORMED BY OWN VEHICLE PLEASE FOLLOW:

VEHICLE REGISTRATION NUMBER:

OPENING METER READING:

CLOSING METER READING:

\_\_\_\_\_  
SIGNATURE OF THE SALES SUPPORT STAFF

ENCLOSURES : (1) TICKETS \_\_\_\_\_ (2) OTEHRS \_\_\_\_\_  
(3) DAILY MARKET COVERAGE REPORT

**FORWARDED BY**  
**NAME**  
**DESIGNATION**

**APPROVED BY**  
**NAME**  
**DESIGNATION**