

BITS, Pilani – K.K. Birla Goa Campus

Mileage Claim Reimbursement Form

Date: / /

Name: GPSRN:.....

Designation:..... Mobile Number.....

Vehicle Used on: Date Time: Vehicle No.....

Vehicle Type..... Place to visit:

Purpose of visit.....

Mileage Calculation

Sr. No.	Opening Km.	Closing Km.	Total Km.	Maximum rate per kilometer 1.Rs.11.00 (Four wheeler) 2.Rs. 6.00 (Two wheeler)	Amount
1.					
2.					
3.					
Parking Charge if any submit along with bill Rs.					
Total Rs.					

Total in words.....

Declaration

I hereby declare that I have used my personal vehicle for professional work and I may be permitted to claim reimbursement of above expenses incurred by me.

(Signature of Claimant)

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(Signature of the Head of the Department)