



BEL Corporate
560045 BANGALORE

Local Conveyance Claim Request

Staff Number/ Name	: 00218435/ AKASH MAJUMDAR
Claim Number/ Date	: 0000004999/ 17.10.2021
SBU/ Department	: 9000/ CENTRAL RESEARCH LABORATORY, R&D-DELHI
Grade/ Designation	: E-II/ MRS
Approver Staff Number/ Name	: 00211079/ SUMIT KUMAR
Total Amount Claimed	: 1,584.00

Declaration :-

1. Certified that the above expenditure has actually been incurred in connection with the official journeys performed and that company's transport was not made available.

2. Employee have not claimed earlier for above journeys and will not claim in future by alternative arrangements/sanctions.

Dated:17.10.2021

Signature
