**DOMESTIC TRAVEL REIMBURSEMENT FORM**

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| --- | --- |
| Name :Yogendra Singhi | Employee ID : |
| Designation : DevOps Engineer | Grade : M4/2 |
| Department : Real Estate | Reporting Manager : Gautam Gupta |
| Start Date & Time Of Travel: | Reaching Date & Time: |
| Purpose of Travel: Relocation | Own Arrangement/  Company Arrangement: |

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| **1** | **Ticket Details** | | |  | | | **Details to be filled (Compulsory)** | | |  | | |  | | | |
|  |  | | |  | | |  | |  |  | | |  | | | |
| **S. No.** | **Date** | | | **From** | | | **To** | | **Paid By (office/self/other center)** | **Mode** | | | **Amount** | | | |
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| \*\*Pls attach the ticket/boarding passes along with the form. |  | | |  | | |  | |  | **Total** | | |  | | | |
| **2** | **Details of lodging (Guest House/Hotel/Own Arrangement)** | | | | | | | | |  | | |  | | | |
|  |  | |  | | |  | |  | |  | | |  | | | |
| **S. no** | **Date** | | **Bill no.** | | | **Location** | | **Lodging Exp.** | | **Other Expenses** | | | **Amount** | | | |
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| *\*\*If Company Guest House not available, pls mention here* |  | |  | | |  | |  | | **Total** | | |  | | | |
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| **3** | **D. A. Particulars** | | | | |  | |  | |  | | |  | | | |
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| **S. No.** | **Location** | | **Period** | | | | | **No of days @per day** | | | | | **Amount** | | | |
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|  | |  |  | | | |  |  | | | **Total** | |  | | | |
| **4** | | **Conveyance** |  | | | |  |  | | |  | |  | | | |
|  | |  |  | | | |  |  | | |  | |  | | | |
| **S.NO** | | **Date** | **From** | | | | **To** | **Mode** | | | **Amount** | | | |
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| **5** | | **Other Expenses details** | | | | |  |  | | |  | | |  | |
|  | |  | | |  | |  |  | | |  | | |  | |
| **Relocation** | | **25/06/2016** | | | **Vadodara** | | **Bhopal** |  | | |  | | |  | |
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|  | |  | | |  | |  |  | | | **Total** | | |  | |
|  | |  | | |  | |  | **Grand Total** | | | **16330** | | |  | |
|  | |  | | |  | |  |  | | |  | | |  | |
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|  | |  | | |  | |  | **Travel Advance Received Details** | | | | | | | |
|  | |  | | |  | |  | **Center :** | | | | | |  | |
|  | |  | | |  | |  | **Other locations** | | | | | |  | |
|  | |  | | |  | |  | **Total Advance Recd.** | | | | | |  | |
|  | |  | | |  | |  | **Total Expenses incurred** | | | | | |  | |
|  | |  | | |  | |  | **Balance to be paid** | | | | | |  | |
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**Signature of Employee Signature of Reporting Signature of HOD Signature of**

**Manager Sanctioning Authority**