T. E. BILL



HOD

AJAY KUMAR GARG ENGINEERING COLLEGE 27 KM Stone, Delhi-Hapur Bypass Road, Adhyatmik Nagar, GHAZIABAD 201 009

No.							Date		
Name	of the Employee :			*****************	Designatio	n : D	eptt. :	•••••	
Basic	Pay :	Imprest dr	awn :	Place of Vi	of Visit : Permitted By :				
Conta	ct No.								
Purpo	se of Visit						*	,	
Date	Place of Departure/Arrival	Time of Departure/ Arrival	Mode of Class of Travel	Ticket No.	Distance in Kms.	Particulars if any	Amount Spent/ Claimed	For use by Sanctioning Authority Eligible amount	
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					×	* * * * * * * * * * * * * * * * * * *	,		
							ı g		
Rs. in	Words			***************************************		TOTAL	-		
Declara		A STATE OF THE STA							
 I hereby declare that I have travelled by the class and mode of transport for which fare is claimed and that all the particulars mentioned above are true and correct. The amount of excess imprest drawn if any, may be debited to my account. 									
3.	I nave nonestry incurre	ed an expend	iture or Ks.		lowarus boa	irding expenses @ 14s	por	dioiii	
Date :			Encl. :			(Signature of the Clair	me nt)		
	Please attach relavent				Boarding ar	nd lodging/way bill/lorry			
2.	receipt giving weight of luggage transported etc. Please attach tour diary/copy of the report, wherever applicable.								
3.	Enclose copy of the permission letter from the Competent Authority in case of travel by other then/higher than,								
	eligible class and mode of travel.								
4.	 Please mention particulars of leave availed if any, during outstation duty/deputation/training. For Use by the Sanctioning Authority. 								
t of ood by the outloading Additions.									