

| Departure | | | Arrival | | | Model & Class of travel | Train No./ Train Name | Purpose of Journey (Please give details) | Amount Claimed (₹) | Ticket No./MR No./Bus Ticket No. | Remarks |
|-----------|------|---------|---------|-------|---------|-------------------------|-----------------------|--|--------------------|----------------------------------|---------|
| Date | Time | Station | Date | Time | Station | | | | | | |
| 20/12 | 8 AM | NEW D | 20/12 | 12 AM | AGRA | Bus | 0 | Official | 0 | - | |
| 25/12 | 6 PM | AGRA | 25/12 | 10 PM | N Delhi | Bus | 0 | 11 | 0 | - | |

*Note: Where tickets are provided by the company the fare may be indicated in remarks column.

SECTION II : DETAILS OF CLAIM FOR Boarding /Lodging

| Midnight (00hrs) spent | Station | No. of days | Slab Rates | Boarding & Lodging charges |
|------------------------|---------|-------------|------------|----------------------------|
| | AGRA | 6 | 500 | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | 3000/- | Total |

→ CDA.

NOTE : Please enclose the supporting bill /declaration

1. Leave availed (if any) at from to

SECTION III : DETAILS OF CONVEYENCE CHARGES CLAIMED

NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant.

| Sl No. | Date | Station | Place of Visit (specify Locality) | | Distt. In Kms. (approx) | Means of Travel | Amount (₹) | Purpose (in brief) | Station-wise weekly total |
|--------|-------|---------|-----------------------------------|--------|-------------------------|-----------------|------------|--------------------|---------------------------|
| | | | From | To | | | | | |
| 1. | 21/12 | AGRA | OFFICE | ANN | | 80 | 80 | | |
| 2. | 21/12 | " | ANN | OFFICE | | 80 | 80 | | |
| 3. | 22/12 | " | OFFICE | SITE | | 150 | 150 | | |
| 4. | 22/12 | " | SITE | OFFICE | | 70 | 70 | | |
| 5. | 23/12 | " | SITE | ANN | | 100 | 100 | | |
| 6. | 23/12 | " | ANN | SITE | | 150 | 150 | | |
| 7. | 24/12 | " | OFFICE | ANN | | 100 | 100 | | |
| 8. | 25/12 | " | SITE | ANN | | 70 | 70 | | |
| 9. | 25/12 | " | ANN | SITE | | 80 | 80 | | |
| Total | | | | | | | 880/- | | |

CERTIFICATE: I, ,
Certified that: I was physically present at the touring station as above for the indicated days.

Counter signed


Signature

(Name & Designation of the Controlling officer)


Signature of Employee

Date: