SECTION II : JOURNEY DETAILS (Please Indicate Ticket No. or attach M/R wherever fare claimed is for other than IInd Class and for air journey and bus journey enclose used ticket/folders)

| Departure                 |           |  | Arrival             |           |          |                   | Model Train  |                        | Purpose of                          | Amount                        | Ticket No./MR         |                                 |                      |
|---------------------------|-----------|--|---------------------|-----------|----------|-------------------|--|------------------------|-------------------------------------|-------------------------------|-----------------------|---------------------------------|----------------------|
| Date Time                 |           | Station                                  | Date                | Time      | St       | ation             | & Class<br>of<br>travel  | No./<br>Train<br>Name  | Journey<br>(Please give<br>details) | Claimed<br>(₹)                | No./Bus Ticket<br>No. |                                 | Remarks              |
|                           |           | -  | 1                   |           |          |                   |  |                        |                                     |                               |                       |                                 |                      |
|                           |           |  |                     |           |          |                   |  |                        |                                     |                               | 2.1                   |                                 |                      |
|                           |           |  |                     |           |          |                   |  |                        |                                     |                               | -                     |                                 |                      |
|                           |           |  |                     |           |          |                   |  |                        |                                     |                               |                       |                                 |                      |
| *Note:                    | Where     | tickets are                              | e provid            | ed by t   | he c     | ompany<br>& EXPEN | the far  | e may be i<br>INCURRED | ndicated in re                      | marks colu<br>MODATION        | mn.<br>I (Exclud      | ding leav                       | e availed)           |
|                           |           |  |                     | No. of    |          | Rate              | Amount of  |                        | Name of                             | Amount for                    |                       | Name of persons with            |                      |
| Midnight<br>(00hrs) spent |           | Station                                  | Date(s)             | 20.0000   | Days     |                   | 1  | Daily                  | Hotel/Guest<br>House                | Hotel<br>Accommoda<br>tion(₹) |                       | whom<br>accommodation<br>shared |                      |
| in                        |           | Station                                  | Date(3)             | for       |          | per<br>Day(₹)     | THE RESIDENCE OF THE PARTY OF T |                        |                                     |                               |                       |                                 |                      |
|                           |           |  |                     | 30.0700   |          | 2 20.00           |  |                        |                                     | tion(                         | -                     |                                 | -                    |
| Princip                   | oal City  |  |                     |           |          |                   |  |                        |                                     |                               |                       |                                 |                      |
| Ordinary City             |           | Chardrap                                 | 18/10/17            |           | 3        | 650 3             |  | 900                    | _                                   | 2                             |                       | _                               |                      |
| Journey                   |           |  |                     |           |          | 9                 |  | (                      |                                     |                               |                       |                                 | 55Ecus - 5           |
|                           |           |  | l<br>Total          | _         |          | Tota              | 1 30   | 3001-                  | Total                               |                               |                       |                                 |                      |
| NOTE                      | ۰ کامعدم  | enclose the                              | i Otai<br>e support | ting bill | & re     | ceipt for         | the amo  | ount paid or           | account of hot                      | tel/guest ho                  | use acco              | mmodati                         | on charges           |
| NOTE                      |           | e availed (if                            |                     |           |          | from              |  |                        | to                                  |                               |                       |                                 |                      |
|                           | 2 Both    | Boarding                                 | and lode            | ging/Bo   | ardi     |                   |  | only was               | providing free                      | of cost                       |                       |                                 |                      |
|                           | at        |  | fror                |           |          |                   | to   |                        |                                     |                               |                       |                                 |                      |
| SECTI                     | ONIVID    | ETAILS OF C                              | ONVEYE              | NCE CH    | ARG      | ES CLAIN          | 1ED  |                        |                                     |                               |                       |                                 |                      |
| NOTE                      | If the s  | oace provid                              | ed is insu          | ufficien  | , sep    | arate sh          | eet in th  | e same Per             | orma may be a                       | ttached duly                  | signed                | by the cla                      | ilmant.              |
| SI No.                    | Date      | Station                                  | Place of Visit      |           |          | Dis               | stt. In  | n                      |                                     |                               |                       |                                 | Station-             |
|                           |           |  | (spec               | ify Loc   | ocality) |                   | lms.   | Means of<br>Travel     | Amount<br>(₹)                       | Purpose (in brie              |                       | ef)                             | wise weekly<br>total |
|                           |           |  | From                | -         | То       | (ap               | prox)  | ox)                    | (()                                 |                               |                       |                                 | totai                |
|                           |           |  |                     |           |          |                   | _  |                        |                                     |                               |                       |                                 |                      |
|                           | -         |  |                     |           |          |                   |  |                        |                                     |                               |                       |                                 |                      |
|                           | +         |  |                     |           |          |                   |  |                        |                                     |                               |                       |                                 |                      |
|                           |           |  |                     |           |          |                   |  | -                      |                                     |                               |                       |                                 |                      |
|                           | -         |  |                     |           |          |                   |  |                        |                                     |                               |                       |                                 |                      |
|                           |           |  |                     |           |          |                   |  |                        |                                     |                               |                       |                                 |                      |
|                           | 1         |  |                     |           |          |                   |  |                        |                                     |                               |                       | tı .                            | F)                   |
|                           |           |  |                     |           |          |                   | 1  | otal                   |                                     |                               |                       |                                 |                      |
| CERT                      | IFICATE   | : (:) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ladaina             | charges   | for st   | avina ho          | tel have h   | neen claimed           | l, Company Guest                    | house accon                   | nmodatio              | n was not                       | available.           |
| Certif                    | ied that: | (ii) I am/am                             | not in rec          | eipt of h | IRA o    | of availing       | the facilit  | y of leased a          | ccommodation a                      | t any of the to               | our statio            | ns for whic                     | ch daily             |
|                           |           |  | nce has be          |           |          |                   |  |                        |                                     |                               |                       |                                 |                      |
|                           |           | C  | inter also          | od        |          |                   |  |                        |                                     |                               |                       | 0                               |                      |
|                           |           | - Col                                    | unter sign          | ieu       |          |                   |  |                        |                                     |                               | Λ                     | Ma                              | )                    |
|                           |           |  |                     |           |          | 2                 | $g_{i+1}^{\mu},$   |                        |                                     |                               | -14                   |                                 | •                    |
|                           | ï         |  |                     |           |          |                   |  |                        |                                     |                               | Signati               | ure of Em                       | nlovee               |
| (00)                      |           |  | nature              |           |          | ££: = = -\        |  |                        |                                     |                               |                       | 06/1                            |                      |
| T                         | Name &    | Designation                              | n of the C          | ontrol    | ing o    | micer)            |  |                        |                                     |                               | Date.                 | 1                               | 61.1                 |