


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 week total
			From	To					
01	07-11-17	Atkarnakuli	Atkarnakuli	Bus Station	04 KM		26	H-R Training	
02	07-11-17	Vendabadi	Vendabadi	Home	04 KM		26		

(52) Verified

Signature- 

Name and Designation- Sonali Lu
Finance Officer