# Energy Efficiency Services Limited TOUR APPROVAL FORM

Tour ID: 4614, Status: Approved

Details of the Employee proposing to undertake the tour

Employee Code	Name	Gender	Age(years)	Mobile No.	Email ID	Designation	Department	Posted
	Deepak Kumar Sahu	Not_Updated	Age error		u_dsahu@eesl.co.in	Engineer	Technical	

#### Details of the tour:

1.	Project Name:	STL-2017-CH-BHLNG					
2.	Complete address of the place(s) to visit:	MUNICIPAL CORPORATION BHILAI					
3.	City Type:	OTHER					
4.	Contact Person:	Mr. T. K. RANDIVE					
5.	Purpose of the Tour:	SLNP					
6.	Proposed period of tour:	04-10-2017 - 17-10-2017					

### Details of the Movement

SL. No.	Date of Travel	Time of Travel	Preferred Train/Flight Name & No.	Stati	on To	Class	Need Ticket?	Remarks
1	04-10-2017		-	-	-	-	No	Travelling by bus

### **Tour Advance**

Total  Days of  Tour	Allowance Per Day(As per policy)	Total=(Allowance X Total Days) X 80%				
14	Rs. 3000 (OTHER)	Rs.28560				

Approved By EESL, Forwarded By : Manish Rai[UPL Representative]



https://apps.cestindia.org/Tour/ShowForm?tourig=4614



SUBJECT: SLNP project

# TOUR REPORT

NAME: Deepak kumar

PERIOD: 04st October 2017 to 17th October 2017.

SITES VISITED:

VENUE: Bhilai municipal corporation.

OBJECTIVE: SLNP project related work

## BRIEF Report & Task Performed:-

o Meeting with the ULB coordinators and discussed about the SLNP project.

Visited to the site for inspection of Street Light installation progress.

CLASSIFICATION:

[] CONFIDENTIAL []

RESTRICTED

SIGNATURE (S)

KRahy.

SUPERVISOR

SIGNATURE

			ır Allowance	Claim Forr	n for	UPL E	хесц	itives			
	R TRAVELLING					Da	ite:	- 23-	10.201	The second second second	
NC0736		4 04	1 04-10-201:			14 1			Municipal Corporation Bhila		
CARD CODE	EMPLOYEE NO.	TOUR C	TOUR COMMENCEMEN			DATE Math/Days Tour			DESTINATION		
Name	DEEPAK KUMAR	Designation	ENGIN	EER S	cale	of Pay		E1	Basic Pay		
Departm	ent SLN	P	н.о	NO	ID	A					
Section Note :	Cheque draw	f total TA adn n in favour o	nissible f Energy Effici	ency Servic	es Lir	nited i	if ne	t claim is ne	gative.		
							_	OR ACCOUN	NTS DEPTT.		
			Amount Claimed (to be filled in by the employee)(`)			y if cla	by c	oy Accounts are claimed company or	Remarks		
Section-I  1. Journe	v Fares			T	- Cque						
A	By Air				-		-				
В	By Rail & Road		70 = 00								
- 11		Cost of Tio	ket Dr.								
2. Convey	yance charges										
3- Boarding	3- Boarding & loading charges		10350 =00								
A. Total											
Less Adva	nce drawn from:										
C. NET CL	C. NET CLAIM		10420=00								
	_ [					Pay (`	)		Net Clai	m	
	I by cheque					Recov	/er (	)			
Chequ on	e No	Dated for (')		•••••					Ac	counts Officer	
*The canc	ellation of booking	was due to d	official reason	S		1					
				Name				<sup>'</sup> Signature Name Designati	e of Head of Dep	artment	
*To be fur	nished when canc	ellation charg	es are claime	d						The Real Property lies	

Tour Allowance Claim Form for UPL Executives SECTION 1: 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) Ticket No./MR Purpose of Train Model Arrival Remarks Amount No./Bus Ticket Departure Journey No./ & Class Claimed (Please give Train of Station Date Time Station Time Date () detalls) Name travel SLAP 35 11:00 Bhilai BUS Raipur 4/10/17 35 17/10/176:00 PM Bhilai 17/10/17 7:30Pm Raipy BUS \*Note: Where tickets are provided by the company the fare may be indicated in remarks column. SECTION II: DETAILS OF CLAIM FOR Boarding /Lodging Boarding & Lodging charges Slab Midnight Rates No. of days Station (00hrs) spent le DA) Bhilai 14 97.50 13×750 10350 =00 600 1 × 600 10350 Total Total NOTE: Please enclose the supporting bill /declaration to 1. Leave availed (if any) at 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. Place of Visit Station-Distt. In (specify Locality) Means of Amount Purpose (in brief) wise weekly Kms. SI No. Date Station Travel () total (approx) To From Total CERTIFICATE: Certified that: I was physically present at the touring station as above for the indicated days. Counter signed (Name & Destruction of the Regional Office In charge/BUH) Signature of Employee

