Tour Allowance Claim Form for UPL Executives
section I: JOURNEY DETAILS (Please Indicate Ticket No. or attach M/R wherever fare claimed is for
air journey and bus journey enclose used ticket (6.1).

		Depart	ure		Arrival	Arrival Made Arrival			sed ticket/folde	med is for ot rs)	her than IInd Clas	s and for	
Di	ate	Time	me Cour				Model & Class	lei Train	Purpose of				
	110	Time	Station	Date	Time	Station	of	Train	Journey (Please give	Amount	Ticket No./MR No./Bus Ticket	D	
2.5	110	10130	Q-ba	20/10	-100	• •1	travel	Name	details)	Claimed	No.	Remarks	
			jailer	m 26/10	5:00	gipur	Bus	1127		3701-			
		1130	garpe	26110	8:30	of the	Rus	0009		420/-	A STATE OF THE STA		
										100/-			
*N	ote:	Whor	ticket	10 2		•							
S	ECTI	ON II ·	DETAILS	OF CLAIM	led by th	e compa	ny the f	are may be	indicated in r	emarks col	Inch		
			I	TOPCLAIN	T FOR BO		00			ciriai ka con	arrin.		
	Midnight				Boarding & Slab Lodging charges								
100	hrs) s	pent	Station	No. of days	Rates		B charges						
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				Tatal				1.					
NOTE .	Plea	00000		Total	Land	То	tal 150	01-					
	The ase enclose the supporting bill /declaration												
SECTIO	1. Leave availed (if any) at from to SECTION III : DETAILS OF CONVEYENCE CHARGES CLAIMED												
NOTE:	If the	Snac	AILS OF (CONVEYEN	NCE CHAP	GES CLA	IMED						
	1	Japac	e provid	l sinsur	ficient, se	eparate s	heet in t	the same Pe	erforma may be	attached du	uly signed by the d	claimant.	
	Date		Station	Place of Visit (specify Locality)		1 0	istt. In	Means of				Station-	
SI No.		te S		CONTRACTOR OF THE PARTY OF THE		KIII	Kms.			Purpos	se (in brief)	wise weekly	
1.30	13		35 . 39	From	То		oprox)					total	
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3	20	lo i	when	Rotel	Ship	a UK	M	11	16.08				
U	20	10 1		ollin	Lotal	W2K		P	15.08				
5	261	10 8		Bott	olli	(QK	M	P	15.08				
2	1	10 1	and a	Post 1	Bin		M	4	12262				
7 2	26/1	000	J.	Rush	t Lon	e 6k	()^ T	otal	120-64	-			
								the indicate	ed days				
Certifie	tha	t: I was	physicall	y present at	the tourin	g station a	as above fo	or the indicate	cu days.				
Certine	, (110										Etch	6	
	Counter signed										Xanda		
											X	nlovee	
											Signature of Em	pioyee	
	Cignoture										Date		
	Signature										Date:		
				of the Cor	ntrolling	officer)							
(Name & Designation of the Controlling officer)													