		Tou	r Allowance Clai	m Form	for UP	L Exec	cutives		
10 11	NERGY EFFICIEN R TRAVELLING		Date:- 14/10/2017						
	NC07047	25-		01	5	Durg	Chhattisfarh.		
CARD CODE	EMPLOYEE NO		DATE	Mth/D Tou		11 11 11 11 11 11 11 11 11 11 11 11 11	DESTINATION		
Name	BALKRISHNA KUMAR	Designation	Engineer	S	cale of I	Pay	E-1	Basic Pay	
Departme	epartment SLNP H.O				DA				
Section Note:		of total TA adn vn in favour o	nissible f Energy Efficienc	y Servic	es Limit	ed if n	et claim is nega	tive.	
			FOR ACCOUNTS DEPTT.						
Company (Amou (to be fi em	(ente	er only it ket, boo	f claim: ked by	by Accounts sare claimed company or ount(')	d Remarks		
Section-I 1. Journe	y Fares		+	T	1		,		
E	By Air By Rail & Road		45/-						
		Cost of Tid	ket Dr.	┛ ├──		<u> </u>			
2. Convey	vance charges	005001110							
	& loading charges ナレA	21,000	+9,600						
A. Total	nce drawn from:	30,6	,			7-4			
Less Mava	nec drawn nom.	7 (111	03 11			*			
C. NET CL	AIM	12,8		1 00					
		128	5 6	1 6 6 7 7	Pa	ay (`)		Net Claim	
D. Refund by cheque Cheque No Dated					Re	ecover	(`)		
on	3	For (')						Accounts Officer	
*The canc	ellation of bookin	g was due to	official reasons	3					
				Name			Signature Name Designation	of Head of Department	
*To be fur	nished when cand	cellation charg	es are claimed						

Tour Allowance Claim Form for UPL Executives

SECTION I : 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		Ticket No./MR				
Date	Time	Station	Date	Time	Station	& Class of travel	No./ Train Name	Journey (Please give details)	Amount Claimed (')	No./Bus Tieker No.	t Remarks		
23-09-17	7:50 AL	Raibur	23-03-17	9:10Am	Durg.	CIEN	BYBUS	Installation	35 -	1681			
08-10-17	8:10 PM	Dur4	08-10-17	7:15 Pm	Raipur	MEN	ByTrain	and Mowitoring	10/-50	50043393	5		
-		0						at Durg.					
*Note: Where tickets are provided by the company the fare may be indicated in remarks column. SECTION II: DETAILS OF CLAIM FOR Boarding /Lodging													
Midi (00hrs	night) spent	Station	No. of days	Slab	Lodgin	ding & g charges							
23 09	5	Durg	15	1400	1-21,1	000 -					1 2		
07110	120(1					*.							
		*DA	16	600	×- 3,	600/-							
			Total		30 To	600/ tal	•						
NOTE : Please enclose the supporting bill /declaration													
		ve availed (fro	The second secon		to					
NOTE	ON III : I : If the s	DETAILS OF	CONVEY! ded is insi	ifficient,	ARGES CLA separate s	IMED sheet in th	e same Per	forma may be at	tached duly	y signed by the c	laimant.		
SI	Date	Station	Place of Visit (specify Locality)		it c	Pistt. In Kms.	Means of	Amount	Purpose (in brief)		Station- wise weekly		
			From	Т	·o (a	approx)	Travel	(')			total		
					~.	9							
			1		0						-		
											,		
	_												
						To	tal						
Total CERTIFICATE: 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: 14 100 17													
Signature (Name & Designation of the Controlling officer)										Signature of Employee Date: 4 (0 2017			