

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

Departure			Arrival			Model & Class of	Flight/Train No./	Purpose of	Amount Claimed (₹)	Ticket No./MR	Remarks
Date	Time	Station	Date	Time	Station						
27-10-17	19:55	A'bad	28-10-17	04:45	(Mumbai) Bandra	2-AC	19030		0	8763908181	
31-10-17	23:25	BCT	01-11-17	05:55	A'bad	3-AC	12267		1270	8420618773	
Total									1270/-		

\*Note: Where tickets are provided by the company the fare may be indicated in remarks column.

SECTION IV : DETAILS OF CLAIM FOR DA & EXPENDITURE INCURRED FOR ACCOMMODATION (Excluding leave availed)

Midnight	Station	Date (s)	No. of Days for	Normal D.A. Rate	Amount of Daily Allowance	Name of Hotel/Guest House	Amount for Hotel	Name of persons with whom accomodation
Metro City	Mumbai	30-10-17 (129)	1	500				
Principal City	Mumbai	31-10-17 (129)	1	400				
Ordinary City								
Journey								
Total			900/-	Total	0	Total	0	

NOTE: Please enclose the supporting bill & receipt for the amount paid on account of hotel/guest house accommodation charges

- 1 Leave availed (if any) at  from  to
- 2 Both Boarding and lodging/Boarding only lodging/only was providing free of cost at  from  to

SECTION V : DETAILS OF CONVEYANCE CHARGES CLAIMED

NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant.

Sr. No.	Date	Station	Place of Visit		Dist. in Kms.	Means of Travel	Amount	Purpose (in brief)	Station-wise weekly total
			From	To					
1	30-10-17	Mumbai	bandra	office	36	back train	30/-	office Mumbai	
2	30-10-17	Mumbai	office	bandra	36	back train			
3	31-10-17	Mumbai	bandra	office	36	back train	15/-	office Mumbai	
4	31-10-17	Mumbai	office	station	06	Auto	22/-	office to station @ 3.77 per km.	
Total							67/-		

CERTIFICATE:

Certified that: (i) Wherever lodging charges for stay in a hotel have been claimed, Company Guest house accommodation was not available. claimed.

Counter Signed

Signature

(Name & Designation of the Controlling officer)

Signature of Employee

Date: