(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 & Class of travel	Train No./ Train Name	Purpose of Journey (Please give details)	Amount Claimed (`)	Ticket No./MR No./Bus Ticket No..	Remarks
Date	Time	Station	Date	Time	Station						
25/10	12:00	DEL	25/10	13:35	Udaipur						
26/10	14:10	Udaipur	26/10	15:10	DEL	E	6E751	official	0		through company
						E	6E747		0		

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

SECTION II : DETAILS OF CLAIM FOR Boarding /Lodging

Midnight (00hrs) spent	Station	No. of days	Slab Rates	Boarding & Lodging charges
	Udaipur	2	400	→ DA.
	Hotel	1	1392	→ Hotel
	Total		800/-	Total

NOTE : Please enclose the supporting bill /declaration

1. Leave availed (if any) at [ ] from [ ] to [ ]

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) From	Place of Visit (specify Locality) To	Distt. In Kms. (approx)	Means of Travel	Amount (`)	Purpose (in brief)	Station-wise weekly total
~~1.~~	~~DEL~~								
1.	25/10	DEL	office	airport	30.5km	Auto	113.		
2.	25/10	UDAIP	Airport	S Splash.	24km	Auto	90		
3.	26/10	Udaipur	S Splash	Airport	24km.	OLA	403		
4.	26/10	DEL	Airport	Home.	30.5km	OLA	592		
						Total	1198		

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:

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