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 bus journey enclose used ticket/folders)

Time Station Date Time Station Date Time Station of travel Name Station Name of Name of Hotel/Guest House Name of Hotel/Guest House Name of Name of Hotel/Guest House Name of Name of Name of Hotel/Guest House Name of Name o	Departure			Arrival			Model	Train	Purpose of		l		
Midnight (Others) spent in Station Date(s) Da	Date	Time	Station	Date	Time	Station	of	Train	Journey (Please give	Claimed	1	/Bus Ticket	
Midnight (Others) spent in Station Date(s) Da													
Midnight (Others) spent in Station Date(s) Date(s) Days per for DA Day(₹) Allowance(₹) Days Date(\$\frac{1}{2}\$ Days Date(\$\frac{1}{2}\$) Date(\$\frac{1}{2}													
Midnight (Others) spent in Station Date(s) Da													
Midnight (Others) spent in Station Date(s) Date(s) Days per for DA Day(₹) Allowance(₹) Days Date(\$\frac{1}{2}\$ Days Date(\$\frac{1}{2}\$) Date(\$\frac{1}{2}													
Midnight (Others) spent in Station Date(s) Date(s) Days for DA Day(₹) Allowance(₹) Hotel/Guest House Accommodation shared  Metro Reincipal City Norda	*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)												
Cohers   Spent   Station   Date(s)   Days   per   for DA   Day(₹)   Daily   Allowance(₹)   Hotel/Guest   Hotel/	U					1	1				1		
in for DA Day(₹) Allowance(₹) House Accommoda tion(₹) shared    Movidation   Movid			Station	Date(s)	1	1	1			Hotel Accommoda			
Mefro Rincipal City Noida 28 09 14 20 600 — — — — — — — — — — — — — — — — —	and the second of			(0)	1	1 .							
Ordinary City  Journey  Total 20 Total 12000 Total 7000 Total 700	Mefro Principal	Mefro Rrincipal City Noida				600-0	-			tion(₹	)	shared	
Total 20 Total 12000 Total 12				17110117			-			-			
Total 20 Total 120001 Total —  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 CONVEYENCE CHARGES CLAIMED  NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant.  SI No. Date Station Station (specify Locality)  Neans of Amount Purpose (in brief) Station-wise weekly	Ordinary	City		***************************************									
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	Journey						-						
1. Leave availed (if any) at from to													
1. Leave availed (if any) at from to													
at	1. Leave availed (if any) at from to												
SECTION V : 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 (specify Locality)  Station  Kms.  Means of Amount Travel  Travel  (₹)  Purpose (in brief)	2.Both Boarding and lodging/Boarding only lodging/only was providing free of cost												
NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant.  Place of Visit SI No. Date Station  Station  Station  Congress  Travel  (₹)  Purpose (in brief)  Station  wise weekly	at from to												
Place of Visit (specify Locality)  Place of Visit (specify Locality)  Neans of Amount Travel (₹)  Purpose (in brief)  Station—wise weekly	NOTE: If t	the spa	ace provide	d is insuff	icient, s	GES CLAIM	ED et in the	samo Dorf	arma may bo att	achod duly		ے اے یہ مالحی رما اس	
SI No. Date Station (specify Locality)   Distt. In Kms.   Means of Travel (₹)   Purpose (in brief)   Station-wise weekly		Place of Visit							orma may be acc	acried duly s	ignec	u by the cia	imant.
Travel (₹) Purpose (in prier) wise weekly	SI No. Date		Station			/\		Means of	Amount	D			1
			Station	From	To	lone	1	Travel	(₹)	Purpose		riet)	
										***************************************			
													-
								***************************************					
													2
Total CERTIFICATE:													
Certified that: (i) Wherever lodging charges for stay in a hotel have been claimed, Company Guest house accommodation was not available.													
(ii) I am/am not in receipt of HRA of availing the facility of leased accommodation at any of the tour stations for which daily allowance has been claimed													
Counter signed													
Source signed						No.	de de				1	ala	)
Aut.													
Signature  (Name & Designation of the Controlling officer)  Signature of Employee  (Name & Designation of the Controlling officer)													