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)

Departure			Arrival			Model	Train	Purpose of		Tiples No /NA	D	
						& Class	No./	Journey	Amount	Ticket No./M No./Bus Ticke	į.	
Date	Time	Station	Date	Time	Station	of travel	Train Name	(Please give details)	Claimed (₹)	No.		
						traver	Ivanie	details)	(\)			
											_	
*Note: Where tickets are provided by the company the fare well to distribute distribute distribute distributed in the fare well to distribute distributed in the fare well as the fare well												
*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					Rate	Amount of		Name of			f persons with	
(00hrs) spent		Station	Date(s)	No. of Days	per		Daily	Hotel/Guest	Hotel		whom	
in				for DA	Day(₹	f) Allowance(₹)		House	Accommoda acco		nmodation hared	
Principal City Nogpo		Nogpur	24/10/17	07	600	1- 3500/-						
Ordinary City							1					
Journey												
Total Total 3500/- 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.												
NOTE.	ii-tage sp	acc provide	Place of Visit		parate 311	eet iii tile	Means of	Amount	acried duly s	agned by the ci	aimant.	
SLNo	SI No. Date	Station		iv Localitu) DI		stt. In (ms.			Durnasa (in buint)		Station-	
31 140.			From	То		prox)	Travel	(₹)	Purpose (in brief)		wise weekly total	
			,,,,,,,									
					_					•		
	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												
answance has been claimed												
Counter signed												
Augus de la companya												
Signature Signature of Employee (Name & Designation of the Controlling officer) Date :											ployee	
(Na	me & D	esignation i	of the Cor	itrolling o	tticer)				C	ate :		