

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 & 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						
14-Nov	7.50	BRC	14-Nov	12.15	BVI	CC	12932	SLNP UP	0	8265416658	Not Paid by Roshan EKKA.
14-Nov	14.25	Mumbai	14-Nov	15.05	Lucknow	Economy	68497	SLNP UP	0	Travel desk, EESL	attached
16-Nov	10.35	Lucknow	16-Nov	08.15	Mumbai	Economy	AI 626	SLNP UP	0	Travel desk, EESL	
16-Nov	14.57	BVI	16-Nov	18.00	ST	CC	12931	SLNP UP	0	Travel desk, EESL	

*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
Total				Total 0

* Boarding & Lodging charges are with Mr. Roshan EKKA and please pay the respected amount to Mr. Roshan EKKA as the amount of Hotel is paid by him only.

NOTE : Please enclose the supporting bill /declaration

1. Leave availed (if any) at from to

SECTION III : 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.

Sl No.	Date	Station	Place of Visit (specify Locality)		Distt. In Kms. (approx)	Means of Travel	Amount (₹)	Purpose (in brief)	Station-wise weekly total
			From	To					
1.	14/11	Surat	Adajan	Station	7	Auto	50/-	Bill attached.	
2.	14/11	Mumbai	Borivali	Airport	17.2 km	OLA	396/-		
3.	14/11	Lucknow	Airport	Hotel Ginner	27.1 km	OLA	438/-		
4.	15/11	Lucknow	Hotel	Best Western	10 km	Auto	90/-		
5.	15/11	Lucknow	Best Western	Hotel	10 km	Auto	90/-	Bill attached.	
6.	16/11	Lucknow	Hotel	Airport	27 km	OLA	273/-		
7.	16/11	Mumbai	Airport	Borivali East	23 km	OLA	400/-	Bill attached.	
Total							1737/-		

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: 27/11/17