

Tour Allowance Claim ENERGY EFFICIENCY SERVICES LIMITED TOUR TRAVELLING ALLOWANCE CLAIM	Date:- 30/12/17
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	NC06999	20 th Dec 2017			AGRA
CARD CODE	EMPLOYEE NO.	TOUR COMMENCEMENT DATE	Mth/Days Tour	DESTINATION	

Name	Rahul Sharma	Designation	Assistant	Scale of Pay		Basic Pay	
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Department	Tech.	H.O	NOIDA
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Section I : Calculation of total TA admissible

Note : Cheque drawn in favour of Energy Efficiency Services Limited if net claim is negative.

	Amount Claimed (to be filled in by the employee)(')	FOR ACCOUNTS DEPTT. Amount admitted by Accounts (enter only if claims are claimed ticket, booked by company or Cheque Amount('))	Remarks
Section-I			
1. Journey Fares	0		
By Air	0		
By Rail & Road			
	Cost of Ticket Dr.		
2. Conveyance charges	880		
3- Boarding & loading charges	3000		
A. Total	3880		
Less Advance drawn from:			
C. NET CLAIM	3880/-		

Pay (')..... Net Claim

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Recover (').....

D. Refund by cheque

Cheque No..... Dated
 for
 (').....
 on

Accounts Officer

***The cancellation of booking was due to official reasons**

Signature of Head of Department
Name

Name

Designation

***To be furnished when cancellation charges are claimed**

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						
20/12	8 AM	NEW D	20/12	12 AM	AGRA	Bus	0	official	0	-	
25/12	6 PM	AGRA	25/12	10 PM	N. Delhi	Bus	0	" "	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
	AGRA	6	500	
Total			3000/-	Total

→ CDA.

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.	21/12	AGRA	OFFICE	ANN		80"	80		
2.	21/12	"	ANN	OFFICE		80"	80		
3.	22/12	"	OFFICE	SITE		150"	150		
4.	22/12	"	SITE	OFFICE		70"	70		
5.	23/12	"	SITE	ANN		100"	100		
6.	23/12	"	ANN	SITE		Auto	150		
7.	24/12	"	OFFICE	ANN			100		
8.	25/12	"	SITE	ANN			70		
9.	25/12	"	ANN	SITE			80		
Total							880		

CERTIFICATE: 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: