Energy Efficiency Services Limited TOUR APPROVAL FORM

Tour ID: 6149, Status: Approved

Details of the Empl

De	tails of the Empl	oyee proposing	to underta	ake the tour:				D	Posted At
E	Employee Code	Name	Gender	Age(years)	Mobile No.	Email ID	Designation	Department	Himachal Pradesh
N	C06858	Sukanua C		28	8262864056	u_sgaur@eesl.co.in	Sr. Engineer	Technical	Illindentia

Details of the tour:

De	etails of the tour:	
		HPBU000001
2.	Complete address of the place(s) to visit:	Regional Office Shimla, Thakur Niwas, First Floor , Opp. HDFc Life, Khalini Shimla,171002
3.	City Type:	OTHER
4.	Contact Person:	Mr. Brijesh Kumar
5.	r r r r r r r r r r r r r r r r r r r	Review Meeting
6.	Proposed period of tour:	10-11-2017 - 12-11-2017

Details of the Movement

Details of the Movement								
			and a second second	Station		Class	Need Ticket?	Remarks
SL. No.	Date of Travel	Time of Travel	Preferred Train/Flight Name & No.	From	То	Class	Need Fields:	
			Himgaurav	Kullu	Shimla	AC	Yes	Start Date
1	10-11-2017	8:35 AM	niligautav		• • • • • • • • • • • • • • • • • • • •	46	Vac	End Date
2	12-11-2017	10:40 AM	Luxury AC MINI BUS	Shimla	Kullu	AC	Yes	Ellu Date
	12-11-2017	10.40 AM						

Tour Advance

Allowance Per Day(As per policy)	Total=(Allowance X Total Days) X 80%		
Rs. 3000 (OTHER)	Rs.6120		
	per policy)		

Approved By EESL, Forwarded By :Manish Rai[UPL Representative]

6149

hand leane cooling's ore/Tour/ShowForm?tourld=6149

TOUR REPORT Subject: Review Meeting

TOUR ID 6149

PROJECT NAME UJALA

PROJECT CODE HPBU000001

NAME Sukanya Gaur

EMPLOYEE CODE NC06858

DESIGNATION Senior Engineer

PEROID 10/11/17 To 12/11/17

DURATION 3 Days

VENUE Shimla(H.P.)

PURPOSE OF TOUR Review Meeting

ACTIVITIES DONE Presentation On Ujala

Name: Sukanya Gaur

Designation: Senior Engineer

Emp. Code: NC06858

RM Signature

6						
	Tour Allowance Claim	Form for UPL Executives				
ENERGY EFFICIENC TOUR TRAVELLING A	Y SERVICES LIMITED LLOWANCE CLAIM	Date:- 🙎 .	2-2018			
CARD EMPLOYEE NO.	TOUR COMMENCEMENT DA	ATE Mth/Days Tour	DESTINATION Sulfu.			
Name Cukanya Designation Cerrior Scale of Pay 31,712 Basic Pay 20536						
Department UJA L	A H.O NO	IOA				
	total TA admissible n in favour of Energy Efficiency	Services Limited if net claim is n	egative.			
		FOR ACCOU	JNTS DEPTT.			
	Amount Claimed (to be filled in by the employee)(')	Amount admitted by Account (enter only if claims are claime ticket, booked by company o	d Remarks			
Section-I 1. Journey Fares		Cheque Amount(')				
By Air	4647451					
By Rail & Road	= 91 5					
	Cost of Ticket Dr.					
2. Conveyance charges	54 Rs.					
3- Boarding & loading charges	600 x3 = 1800	elll				
A. Total	2773					
Less Advance drawn from:						
C. NET CLAIM	2,769					
,-		Pay (')	Not Claim			
-]	Net Claim			
D. Refund by cheque	Dated	Recover (`)				
on	for ()		Accounts Office			
	ng was due to official reasons		Tiesdanis office			
		N	gnature of Head of Department ame			
			esignation			
*To be furnished when cancellation charges are claimed						

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) Ticket No./MR Purpose of Train Model Arrival No./Bus Ticket Remarks Amount Departure Journey No./ & Class Claimed No. (Please give Train Station of Date Time Station Time Date details) Name travel 2017/109001391 464 EVICED ima F-11-0 (AC 2017 11120000929 *Note: Where tickets are provided by the company the fare may be indicated in remarks column. SECTION II: DETAILS OF CLAIM FOR Boarding /Lodging Boarding & Lodging Slab No. of charges Rate Station days Midnight (00hrs) Spent **Principal City** 600 **Ordinary City** Metro City 1800 TOTAL NOTE: Please enclose the supporting bill /declaration to from Leave availed (if any) at NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant. Station-Place of Visit (Specify wise Means Perpose (in Distt. In Amount weekly Location) of brief) Kms. (Rs.) SI. Station total Date Travel (approx) To No. From 20KS .0. TOTAL Certified that: I was physically present at the touring station as above for the indicated days. Counter signed Signature of Employee (Name & Designation of the Controlling officer)

Name - Mr. Brigesh kumar R.M. U(H.P.) Name - Sufranya Ga Des. - Senior France Emp. Code - NC 06858



	TOUR REPORT REF:
DISTRIBUTION 1. 2.	NAME(s): Sukanya Game PERIOD: 10-11-2017 to 12-11-2017 MEETINGS: Review Meeting VENUE: Shimla Regional office, khalini, 171 Main persons contacted: Mro Boijesh kumar.
BRIEF SUMMARY:	UJALA Review Meeting.

Follow-up Items

CLASSIFICATION: [] CONFIDENTIAL [] RESTRICTED	SIGNATURE (S)	SUPERVISOR SIGNATURE
	/ James	

BILL/CERTIFICATE for Boarding/Lodging Charges

Certified that I have incurred expenditure of about less than Rs. 2769 boarding/lodging expenses during the 10-11-17 to 12-11-17-days of calendar month Navanda 2015

Designation-Service Engineer