

ENERGY EFFICIENCY SERVICES LIMITED

TOUR APPROVAL FORM

Details of the Employees proposing to undertake the tour:

Name	AKHILESH TIWARI	Designation	Emp. No.	Department
		ENGg.	NC07623	SLNP

Details of the Tour:

1.	Complete address of the place(s) to visited:	Gorakhpur
2.	Contact Person:	Mr. Sandeep Kumar Mishra
3.	Purpose of the Tour:	SLNP work at Gorakhpur
4.	Proposed period of tour:	13 days

Details of the Movement:

S/No.	Date of Travel	Train / Flight Name & No.	Station		Class	Remarks
			From	To		
1.	14-9-17	By Car (Official)	LKO	GKP		
2.	30-9-17	By bus	GKP	LKO	A.C	Tickets Attached

Date:

Akhilesh
Signature of the Employee

Comments of the Controlling Officer:

Comments of the HOD:

Tour Approved / Not Approved.

Signature of Reporting Officer - DELP

ENERGY EFFICIENCY SERVICES LIMITED					
TOUR TRAVELLING ALLOWANCE CLAIM				Date : _____	
NCL07623					
CARD CODE	EMPLOYEE NO.	TOUR COMMENCEMENT DATE	Mth/Days	Tour	DESTINATION
Name	AKHILESH TIWARI	Designation	ENGINEER	Scale of Pay	Basic Pay
Department	SLNP	H.O.			
Section I : Calculation of total TA admissible (Please fill this Section after filling Section II to V)					
Note : Cheque drawn in favour of Energy Efficiency Services Limited if net claim is negative.					
		FOR ACCOUNTS DEPTT.			
		Amount Claimed (to be filled in by the employee)(₹)	Amount admitted by Accounts (enter only if claims are claimed ticket, booked by company or Cheque Amount(₹))		Remarks
1. Journey Fares					
By Air					
By Rail & Road		364			Tickets Attached
		Cost of Ticket Dr.			
2. Conveyance charges & Misc. expenses II + V		2489			
3. Accommodation charges		18928			
4. Daily allowance		6240			
A. Total 1 to 4		27361			
Less Advance drawn from:					
5. Corporate Centre		17789			
6. From Projects, If any					
B. Total 5 & 6		1789			
C. NET CLAIM (A-B)		9572			
Claim Date :			Pay (₹)..... Net Claim		
D. Refund by cheque			Recover (₹).....		
Cheque No..... Dated					
on for (₹).....					Accounts Officer
SECTION II : Details of Miscellaneous Expenses incidental To Tour					
NOTE : Enclose receipts for amount claimed					
S.No.	Particulars of Expenses	Amount (₹)	*The cancellation of booking was due to official reasons		
Total			Signature of Head of Department Name Date Designation		
			*To be furnished when cancellation charges are claimed		

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						
24/9/17	7:00	GKP	25/9/17	5:00	LKO	BUS	SLNP Training SLNP work	379	/	TICKET TICKET ATTN	
27/9/17	7:35	LKO	27/9/17	2:00 PM	GKP	BUS		364			
30/9/17	11:00 PM	GKP	1-10/17	5:00 AM	LKO	BUS		364			
								1107			

*Note: Where tickets are provided by the company the

SECTION IV : DETAILS OF CLAIM FOR DA & EXPENDITURE INCURRED FOR ACCOMMODATION (Excluding leave availed)								
Midnight (00hrs) spent in	Station	Date(s)	No. of Days for DA	Rate per Day(₹)	Amount of Daily Allowance(₹)	Name of Hotel/Guest House	Amount for Hotel Accommodation(₹)	Name of persons with whom accommodation shared
Principal City								
Ordinary City	GKP	14-9-87 to 24-9-87	13	480	6240	MARINA	18928	/
Journey		27-9-87 to 30-9-87						
Total			13		6240		18928	

NOTE : Please enclose the supporting bill.

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 []

NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant.

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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					
Total									

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

Signature


Signature of Employee
Date :

CLAIM FORM

Name of the Employee	Employee No.:	Designation :	Department :	Scale of Pay:
Akhilendra Tripathi	NCOT623	Engg.	SLWP	
Claim Month				

(a) Details of Visit :					REMARKS
DATE	PURPOSE OF VISIT	FROM	LOCATION TO	DISTANCE (KMS)	
15/9/17	SWOP WORK	6 NO	Kaulpur, Chauraha Dharmadole, Sonakhat	20	Up & down both sides up & down both sides
16/9/17	"	"	Kaulpur, Dharmadole	20	
16/9/17	"	"	Metherya to Sonakhat	23	"
18/9/17	"	"	Kaulpur to Sonakhat	26	"
19/9/17	"	"	Kaulpur to Sonakhat	26	"
20/9/17	"	71	Vijay Chauraha, A/9 Batal, Patilwad, Bhandara	28	"
21/9/17	"	"	Bhandara	21	"
22/9/17	"	"	Bhandara, Chauraha	25	"
23/9/17	"	"	Kaulpur, Dharmadole	21	"
24/9/17	"	"	Metherya, Sonakhat	20	"
25/9/17	"	"	Chauraha, Dharmadole	22	"
26/9/17	"	"	Chauraha, Dharmadole	22	"
27/9/17	"	"	Chauraha, Dharmadole	22	"
28/9/17	"	"	Chauraha, Dharmadole	22	"
29/9/17	"	"	Chauraha, Dharmadole	22	"
30/9/17	"	"	Chauraha, Dharmadole	22	"

Signature : I do hereby certify that the travel on the dates claimed above was actually undertaken and was duly authorized.

Counter sign by Zonal / Regional Manager

Signature of Site Incharge

Name :

Designation :

Date _____

Reimburse of Monthly Travelling Allowance

From:

Name *Akhillesh Tiwari*

Through:

RM Name... *Mr. Tarun Tayal*

To

Finance Department

Ref: Fixed Monthly Allowance in lieu of Company Vehicle Arrangement and Hard Site Posting Allowance Circular No 31/2016 dated 21-10-2016.

With reference to the above please find the below mentioned summary of Fixed Monthly travelling Allowance for the month of

Distance Details	No. of days (Nos.)	Eligible Amount(Rs.)	Total Amount(Rs.)
Not less than 20 kms	13	1082	1082
Not less than 50 kms	/	1	
		Total 1082	

As per Circular Annexure A and B are enclosed for your ready reference. As per the monthly limit i.e Rs.....may be reimburse to Mr.....

Account details:

Bank Name: *CBI*

Account No: *3272327388*

IFSC Code: *CBIN0283687*

Branch: *Jagdishpur*

Akhillesh
Signature:

U.P.S.R.T.C

KAISERBAGH DEPOT

No:00006797 24/09/17 16:06:18

AC 3X2

GORAKHPUR

< TOT. JOURNEY KMS = 0288 >

FULL : 1 X 379.00 = Rs. 379.00

₹ 379.00

0000182799 004 00001279 00800408

!! AAPKA APNA SATHI !!

NOT TRANSFERABLE

HELPLINE:1800-180-2877

UPSRATC

UPSRATC

UPSRATC

UPSRATC

UPSRATC

UPSRATC

U. P. S. R. T. C.

AWADH DEPOT

No: 000000792 30/09/17 22:45:09

AC 3X2 UP 33415801 01101 00

GORAKHPUR TO POLYTECHNIC

(TOT. amount = 0201)

FULL : 1 x 364.00 = Rs. 364.00

₹ 364.00

00000089473 003 000000011 00000101

!! AAPKA APNA SATHI !!

NOT TRANSFERABLE

HELPLINE : 1800-180-2877