	NEDCY ELLICIEN			ance Clair	n Forn	n for	UPL	Execu	itives			
	NERGY EFFICIEN R TRAVELLING				Date	e:-	01	12	117			
	Contract Con					П						
CARD CODE	MC01209	TOUR CO	DATE Mth/Days Tour				DESTINATION					
Name				ST. Ergg Scale of Pay						Basic Pay	28,089/-	
Department S. L.			H.O Nolda									
Section Note :		f total TA adm vn in favour of		Efficiency	Servic	es Lin	nited	if net	t claim is ne	gative.		
									OR ACCOU			
Section-I		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(`)							
1. Journe	y Fares					T						
	By Air y Rail & Road	2851-										
100		Cost of Ticket Dr.										
2. Conveyance charges		1601-										
3- Boarding& loading charges		1500/-										
A. Total		1945/-										
Less Advar	nce drawn from:											
C. NET CLAIM		1945/-										
	[						Pay (	`)		→ Net Cla	ilm	
D. Refund by cheque  Cheque No Dated					Recover (`)							
on for(')										A	ccounts Officer	
*The canc	ellation of bookin	g was due to d	official re	easons								
	Signature Name Jame Designatio					e of Head of Department						
*To be fur	nished when cand	ellation charg	es are cl	aimed								
		The second second										

## 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	Train	Purpose of		Ticket No./MR		
Date	Time	Station		Time	Station	& Class of travel	No./ Train Name	Journey (Please give details)	Amount Claimed (`)	No./Bus Ticket No.	Remarks
11/17	8:27	Napanher	411911	12:10	Anylgir		MA	meeting.	1301-		
1011		Anypearh	5/10/17	11:00	Bristell		NIA	(-chirolity	801-		
A STREET, STRE	16:58		710H	18:30	Sylvan	m Bus	NIA	Maintcharce	74-		
11-11-1		1900	11.10		AL PAR	77	IVIA	NINT WAINS			
Midr (00hrs)	ion II :	Station  Station	No. of days	Slab Rate	oarding Bo Lodg	/Lodging barding & ging charges		indicated in re	emarks-eol	umn.	
00	•	Raysih gh Mga	10	(4)	70 =	1501-	(A)				
NOTE	: Please	e enclose the	Total support	ing bill ,		Total Soo	-				
	ON III :	ve availed (i	CONVEYE		ARGES C		ao camo Bo	forma may be a	attached du	ly signed by the c	aimant
SI No.			Pla	cify Loca	isit	Distt. In Kms. (approx)	Means of Travel			se (in brief)	Station- wise weekl
00	4110	Shirany	Home	B.	SHP.	HKM	Auto	25/-			
12)	Will	+ Any San	BStof	THE RESERVE		8 km	Auto	301-			
03)	dal	A Anufar	Th-Com	the same of the sa	SHP	8km	Auto	31/-			
64)	710	A RaisilyL	8. Ste		omail	SKM	Ayto	25/-			
05)	5/10	1 Cousings	MCOU	ROSES INCOMEDIATE	stop	51cm	Auto	THE RESERVE OF THE PERSON NAMED IN			
HO	tiol	ASY	B. Sto		me	HLM	Auto	281-			
17	Dha	MANA	4				Total	1601-	_		
	IFICAT		ally present	t at the to	ouring stat	tion as above f		ted days.			
		Cou	inter sign	ied						Ontel	<
		Sig	nature							Signature of Em	plòyee

Date: 1/12/17

## BILL/CERTIFICATE for Boarding/Lodging Charges

Certified that I have incurred ex	xpenditure o	of abo	out less than	Rs. 1945	1-	towards
boarding/lodging expenses during the				days of cale		onth
l201 <b>7</b> .						

Name- Sumit Kr. Dutta

Designation- St. Beg (UPL)