

Name:	<input type="text" value="Mahendra Nath Hembram"/>		
Emp_Type:	<input type="text" value="UPL"/>	Grade:	<input type="text" value="E1"/>

Tour Id	Reimbursement Type	Amount Claimed	Status	R
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Claims Form

Type	Maximum Amount	Remaining Frequency	Claimed Amount	Remaining Claim Amount	New Claim	Project Code	Attachments
Reimbursement for purchase an itom for official use	6912	6912	0	6912	<input type="text" value="Claim"/>	<input type="text" value="Select"/>	<input type="button" value="Choose File"/> No file ch
Reimbursement for purchase an itom for official use	6912	6912	0	6912	<input type="text" value="Claim"/>	<input type="text" value="Select"/>	<input type="button" value="Choose File"/> No file ch

Travel Claims					
4726	0	MLBU000001 ▼	ubose@eesl.co.in		
Claim Typ	From :	To :	Claim Amc	Upload File	
Travel- ▼	15	18	2952	Choose File N...f	+
Press + to add another form field :), Press - to remove form field :)					
Submit					
Attach Print of this form					
Print this page					