

SUBJECT: Gujarat Street Light National Project

TOUR REPORT REF: SLNP GUJARAT

DISTRIBUTION: NAME (S): Aditya Vashisth

PERIOD: 7th Nov to 7th Nov(1 day)

**MAIN PERSONS CONTACTED:** 

Mr. Manish Rai and representatives of SLNP Gujarat

**OBJECTIVE (S):** For the review meet with Mr. Manish Rai regarding the issues.

## **BRIEF SUMMARY:**

- Meeting regarding all the issues coming in savior problems and tour claims problems with UPL Officer Mr. Manish Rai.
- Discuss the issues regarding SLNP project in Gujarat.

CLASSIFICATION:

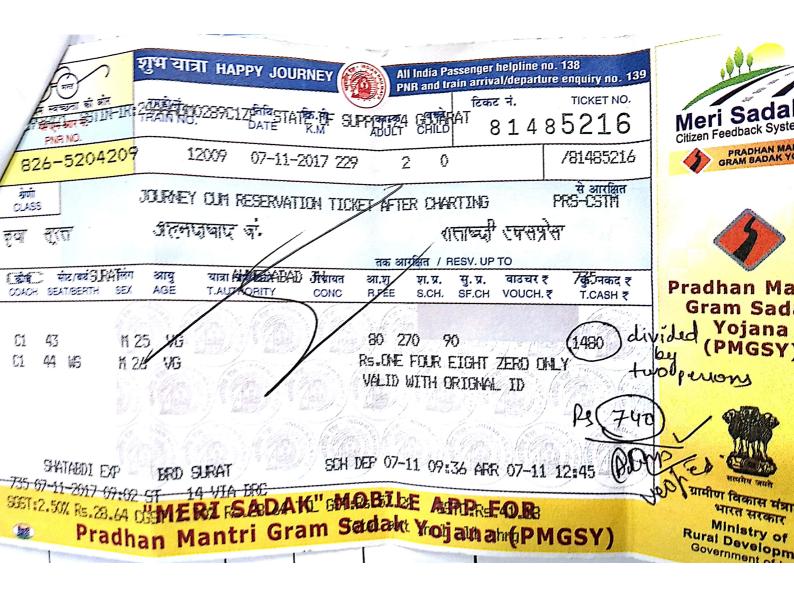
[] CONFIDENTIAL

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SIGNATURE

SUPERVISOR SIGNATURE

		Tou	r Allowance Clai	m Fo	rm f	for l	JPL	Exec	utive	es						
ENERGY TOUR TRA	VELLING A	Y SERVICES LIMITED LLOWANCE CLAIM			Date: 7/Nov/2017											
	07125		7th NOV			11.					Ahmedabad.					
CARD EMP	PLOYEE NO.	1	TOUR COMMENCEMENT D		DATE Mth/Days Tour				DESTINATION							
Name Adi	tya D ihish	esignation	Engineer		Sca	ale o	f Pa	y [				Basi	c Pay			
Department SLN			rat RO													
	alculation of t		nissible Energy Efficienc	/ Serv	vices	Lim	ited	if ne	et cla	im is	neg	ative.				
												TS DEP	TT.			
		Amount Claimed (to be filled in by the employee)(`)			Amount admitted by Accounts (enter only if claims are claimed ticket, booked by company or							Remarks				
Section-I  1. Journey Fares					Cheque Am					,)	1					
By Air By Rail & Road		740 1-			+											
		Cost of Ticket Dr.														
2. Conveyance charges		_														
Boarding& loading charges									=	L.					-	
A. Total																
Less Advance dra	wn from:															
C. NET CLAIM		740 1-														
						I	Pay (	`)	•••••	•••••	•••••	N	et Clair	n		
D. Refund by ch Cheque No		Dated					Reco	ver	(`)	•••••						
on		for(`)											Acc	counts O	fficer	
The cancellation	n of booking	was due to	official reasons													
	•			Nome					ŀ	Name	9		of Depa	artment		
*To be furnishe	d when cance	allation chars	ges are claimed	Name						Jesigi	nation	1				



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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 the

Departure  Arrival  Model   Train   Purpose of & Class   No./ Journey   Amount   No./Bus Ticket   No.		
Time Station Date Time Station of Train Purpose of & Class No./ Journey Amount No./Bus Ticket No./MR		
Time Station of Train (No./Bus Ticket		
I I I I I I I I I I I I I I I I I I I	Remarks	
travel Name details) (*)		
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e: Where tickets are provided by the company the fare may be indicated in remarks column.		
CTION II : DETAILS OF CLAIM FOR Boarding /Lodging		
Boarding &		
idnight Slab Lodging charges		
No. of No. of		
nrs) spent   Station   days   Rates		
Total O	-	
lotal lotal .		
OTE: Please enclose the supporting bill /declaration		
1. Leave availed (if any) at from to		
ECTION III : DETAILS OF CONVEYENCE CHARGES CLAIMED  OTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the o	claimant.	
Disconfilials	Station-	
(specify Locality) Kms Means of Amount Purpose (in brief)	wise weekly total	
No. Date Station To (approx) Travel (`)		
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	1	
	1	
Total 🗸		
CERTIFICATE:	5/	
CERTIFICATE: Certified that: I was physically present at the touring station as above for the indicated days.	۸ /	
Certified that: I was physically present at the touring station as above for the indicated days.		
	$\mathcal{V}$	
Certified that: I was physically present at the touring station as above for the indicated days.	W	
Certified that: I was physically present at the touring station as above for the indicated days.  Counter signed		
Certified that: I was physically present at the touring station as above for the indicated days.	mployee	
Certified that: I was physically present at the touring station as above for the indicated days.  Counter signed	mployee	