

SUBJECT: Gujarat Street Light National Project

DISTRIBUTION:

NAME (S): ANUSH THORAT

PERIOD: 30/10/2017 TO 31/10/2017 (2 days)

MAIN PERSONS CONTACTED:

1. MR. KULDEEP KUMAR SIR
2. MR. SUNIL PRABHU
3. MR. RAMKRISHNA
4. MISS. ABOLEE

OBJECTIVE (S):

1. Meeting regarding pending claims.

BRIEF SUMMARY:

- 1. To know the process of claims.
- 2. List of documents (enclosures) to be attached with claims.
- 3. How to apply the circular's provisions to respective claims.

CLASSIFICATION:

[] CONFIDENTIAL

[] RESTRICTED

13/11/17.

SIGNATURE

SUPERVISOR SIGNATURE

		Allowance Clai	- 10/11	1-100	
	CIENCY SERVICES L	IMITED	Date:- 13/11	1/201+	
	NG ALLOWANCE				
NC079	571 30/10/	2017	0 2	Mumba	i zonal office
CODE EMPLOYE	MPLOYEE NO. TOUR COMMENCEMENT D		ATE Mth/Days Tour	E I DESTINATION	
Name Thosal	The Residence of the Control of the	Designation Finance Assistant		WB	Basic Pay
Department SLN	IP-surat	R.O Surat	Regional	office	
	ion of total TA admis drawn in favour of E	THE COURT OF THE C	Services Limited if	net claim is neg	ative.
				FOR ACCOUN	TS DEPTT.
Section-I	(to be fille	Amount Claimed (to be filled in by the employee)(')		ed by Accounts ms are claimed by company or mount(")	Remarks
Journey Fares	120/				surat to panvel (mux
By Rail & Road	60+50:	60+50=110/			Bozivali to surat
	Cost of Tick	et Dr.			(Return Journey)
2. Conveyance charges	600/				
3- Boarding& loading charges (500 X 2 = 1000)		= 1000H)			Composite Daily Allow
A. Total 1830 /					(composite Daily Allow ex nce) CDA > @ 500/day.
Less Advance drawn fro					204 3 6 300 mg.
C. NET CLAIM	1830f	_			
-			Pay (*).		Net Claim
D. Refund by cheque Cheque No Dated			Recover (`)		
on	for(')				Accounts Officer
*The cancellation of b	ooking was due to o	fficial reasons			
News	Signature of Head Name	of Department			
*To be furnished who	Designation				
*To be furnished whe	n cancellation charge	es are claimed			

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 & Class No./ Journey Amount No./Bus Ticket Remarks of (Train (Please give Claimed Station Station Date Date Time Time No. travel Name details) (') 28/10/17 RMR meeting 20 95024306 18:45 ZAM surat panvel Genera with mumb OBTS 1/11/17/10:56 surat Avadh General Return 110 31/10/2017 23:05 Bozivali Journa EXPRES *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 & Midnight Slab Lodging charges No. of (00hrs) spent Station days Rates Composite daily Allocoance: CDA-@ 500/day -: 500x2 = 1000/ NA N.A Total Total NOTE: Please enclose the supporting bill /declaration 1. Leave availed (if any) at to SECTION III: DETAILS OF CONVEYENCE CHARGES CLAIMED NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant. Place of Visit Distt. In Station-(specify Locality) Means of Amount SI No. Date Station Kms. Purpose (in brief) wise weekly Travel (`) (approx) total From To Naumar 1) 30, Khargar 0/17 Mumbu 41 Home to office Point office to Home 501 Khargar >30/10/17 41 Auto Home to Offill h 15D/ 11. 150 Total 60e CERTIFICATE: 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) Date:







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