			The state of
	Tour Allowance Clay	n Form for UPL Executives	
ENERGY EFFIC TOUR TRAVELLII NGO'6 7 CARD CODE EMPLOYEE	CIENCY SERVICES LIMITED NG ALLOWANCE CLAIM 6.2 20 12 13- NO. TOUR COMMENCEMENT!	Date:-	Description Marcha
Name Rajest	Designation Engineer	Scale of Pay 2.3.53	MESTINATION
	A-HP HO E	ESL Norda	Basic Pay 22.236
Note Cheque de	of the law		
7777-1995.44	awn in favour of Energy Efficiency	Services timined if net claim is a	OVERTONE UNITS DEPTT
Strong	Amount Claimed (to be filled in by the employee)(*)	Amount admitted by Account (enter only if claims are claims ticket, booked by company it	ts ed
Journey Fares By Air.	Rs 1359	Cheque Amount(')	
By Rail & Road	Cost of Ticket or		
Conveyance charges			
Sourding & loading charges (CDA)	1500 2859		
S Advance drawn from:	~ 8 3 9		
IET CLAIM	Rs 2859		
		Pay (*)	Net Claim
fund by cheque eque No	Dated	Recover (')	
	for r)		Accounts Office
incellation of booking v	was due to official reasons		

Signature of Head of Department Name

Tour Allowance Claim Form for UPL Executives

SECTION 1: 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) Purpose of Ticket No./MR & Class No./ Journey Time Station Date Time Amount No./Bus Ticket Station Train (Please give Claimed No. Name details) 6 corm Nahan 20-1217 8:300m Chendigash By Bus () 21-12-17 086616 HRTC UTACA Rs 99 22:19 m Chand nech 3100173:00 Am Delhi Dic Volvo By Bus makingfor RS584 022205 22-12-17 M 12:00m Pethré 22-12.17 Transm Chardyonh AcValvo Dy 13:15 Punjabond RS 575 7:11pm Chardyns 22-1217 10:45pm Nahan Ordinary Ry By 22-12-13 Harrana RS 101 *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 Delhi 2 CDA (2day) 750 15 00 1500 Total NOTE: Please enclose the supporting bill /declaration from to 1. Leave availed (if any) at 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 Station-Distt. In (specify Locality) Means of Amount Purpose (in brief) wise weekly Kms. Station Date SI No total (approx) From To

Total

CERTIFICATE:

Certified that: I was physically present at the touring station as above for the indicated days.

Counter signed

Signature

(Name & Designation of the Controlling officer)

Signature of Employee

Date: 29/12/19