

ENERGY EFFICIENCY SERVICES LIMITED
TOUR TRAVELLING ALLOWANCE CLAIM

CARD
CODE

NC07116

EMPLOYEE NO.

23-10-2017

TOUR COMMENCEMENT DATE

| | | |
|----------|---|---|
| 0 | 0 | 2 |
| Mth/Days | | |
| Tour | | |

Engineer
DESTINATION

Name

S. Sunny.

Designation

Engineer

Scale of Pay

Basic Pay

Department

SLNP

H.O

Note : Cheque drawn in favour of Energy Efficiency Services Limited if net claim is negative.

| | Amount Claimed (to be filled in by the employee)(') | FOR ACCOUNTS DEPTT. | | | | | | | |
|---|--|---|--|--|--|--|--|--|---------|
| | | Amount admitted by Accounts (enter only if claims are claimed ticket, booked by company or Cheque Amount(')) | | | | | | | Remarks |
| Section-I | | | | | | | | | |
| 1. Journey Fares | | | | | | | | | |
| By Air | | | | | | | | | |
| By Rail & Road | 304/- | | | | | | | | |
| | Cost of Ticket Dr. | | | | | | | | |
| 2. Conveyance charges | - | | | | | | | | |
| 3- Boarding& loading charges | - | | | | | | | | |
| A. Total = ($\frac{\text{allowance} \times \text{Total days}}{30\%}$) | 4080/- | | | | | | | | |
| Less Advance drawn from: | | | | | | | | | |
| C. NET CLAIM = Total + journey fares . | 4080 + 304 = 4384/- | | | | | | | | |
| | | | | | | | | | |
| D. Refund by cheque | | | | | | | | | |
| Cheque No..... Dated | | | | | | | | | |
| on for(')..... | | | | | | | | | |
| | | | | | | | | | |

Pay (')..... Net Claim

Recover (').....

Accounts Officer

*The cancellation of booking was due to official reasons

Signature of Head of Department
Name
Designation

*To be furnished when cancellation charges are claimed

SECTION I : JOURNEY DETAILS (Please Indicate Ticket No. or attach M/R wherever fare claimed is for other than IIInd Class and for air journey and bus journey enclose used ticket/folders)

| Departure | | | Arrival | | | Model & Class of travel | Train No./ Train Name | Purpose of Journey (Please give details) | Amount Claimed (₹) | Ticket No./MR | Remarks |
|-----------|-------|----------|----------|-------|----------|----------------------------------|--------------------------------|---|--------------------------|-----------------------|---------|
| Date | Time | Station | Date | Time | Station | | | | | No./Bus Ticket No. | |
| 22/10/17 | 19:38 | Nellore | 23/10/17 | 00:15 | Tirupati | BUS | TWA26647 | walk through | 174 | TWA26647 | |
| 24/10/17 | 13:22 | Tirupati | 24/10/17 | 18:40 | Nellore | BUS | TWA326948 | p audit for income tax buildings. | 130 | TWA326948 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SECTION II : DETAILS OF CLAIM FOR Boarding /Lodging

| Midnight (00hrs) spent | Station | No. of days | Slab Rates | Boarding & Lodging charges |
|---------------------------|---------|----------------|-------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Total | | Total |

1. Leave availed (if any) at from 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.

| Sl No. | Date | Station | Place of Visit (specify Locality) | | Distt. In Kms. (approx) | Means of Travel | Amount (₹) | Purpose (in brief) | Station- wise weekly total |
|--------|------|---------|--------------------------------------|----|-------------------------------|--------------------|---------------|--------------------|----------------------------------|
| | | | 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: 18/11/17.

BILL/CERTIFICATE
for Boarding/Lodging Charges

Certified that I have incurred expenditure of about less than Rs. 4384/- towards boarding/lodging expenses during the 23/10/17 to 24/10/17 days of calendar month October 2017.

Name- S. Sunay.

Designation- Engineer.

दौरा मंजूरीकरणआरूप/TOUR APPROVAL FORM

दौरा प्रस्तावक कर्मिक का व्यौरा- Details of the Employees proposing to undertake the tour:

| | | | |
|--|-----------------------|------------------------|------------------|
| परियोजना का नाम - कोड/PROJECT NAME/ CODE* | BLD - 2016 - DL - AC. | | |
| नाम Name | पदनाम- Designation | कर्मिक सं. Emp. No. | विभाग Department |
| S. Sunny. | Engineer. | N107116. | SLNP. |

दौरा विवरणDetails of the Tour:

| | | |
|----|---|--|
| 1. | पूर्ण पता - जहां दौरा करना है Complete address of the place(s) to visit: | Income tax office building, Tirupathi. Incometax Office guest house, Tirupathi. |
| 2. | संपर्क अधिकारी Contact Person: | Mr. E. Mohana Krishna, AEE. mob: - 9246 803326. |
| 3. | दौरे का उद्देश्य -Purpose of the Tour: | Walk-through audit for CPWD buildings. |
| 4. | दौरा कि प्रस्तावित अवधि-Proposed period of tour: | 02 days. |

Details of the Movement:

| क्र.सं S/No. | यात्राकी तारीख Date of Travel | रेल/वायु यात्रा नाम/सं Train / Flight Name & No. | स्थान /Station | | श्रेणी / Class | टिप्पण /Remarks |
|-----------------|----------------------------------|--|----------------|------------|-------------------|--------------------|
| | | | से-From | तक -To | | |
| 1 | 22/10/17 | Bus. | Nellore | Tirupathi. | | |
| 2. | 24/10/17 | Bus. | Tirupathi. | Nellore. | | |

तारीख - Date: 18/11/17.

Signature of the Employee

कर्मिक के हस्ताक्षर

नियंत्रक अधिकारी की टिप्पणी :

Comments of the Controlling Officer: _____

विभागाध्यक्ष की टिप्पणी

Comments of the Unit Head (s): _____

मंजूर / नामंजूर

Approved / Not Approved

सक्षम अधिकारीकेहस्ताक्षर

Signature of the C.A.


*वायुयान/रेलवे बुकिंग के किसी अनुरोध पर परियोजना/कोड के न भरे जाने की स्थिति में कोई कार्रवाई नहीं की जायेगी

*Any requests for Air &, Rail booking without filling name of the Project/ Code would not be entertained/रद्दीकरण अथवा स्थगन आरूप पृष्ठांकित ह



| | | | |
|----------------|--|-------------------------------|--|
| | | SUBJECT: Tour Report | |
| TOUR REPORT | | REF: BLD - 2016 - DL - Ac. | |
| DISTRIBUTION : | NAME (S): S. Sunny | | |
| DGM (SK) | DATE: 23-10-17 to 24-10-17. | | |
| | PERIOD: 02 days. | | |
| | MAIN PESONS CONTACTED: | | |
| | 1. E. Mohana Krishna (AEE TESD). | | |
| | 2. Damodar (Sr. Electrician / Income tax office building). | | |
| | 3. Sivarama Krishna (Operator / Income tax guesthouse building). | | |
| | OBJECTIVE (S): | | |
| | → To Conduct walk through survey for the mentioned buildings i.e (Income tax office building & Income tax guest house building). and to make a detailed report about the non-conventional lights, fans, A/c's that can be replaced with Energy-efficient appliances. | | |

BRIEF SUMMARY: To Conduct walk-through survey for the 1. Income tax office building, 2. Income tax guesthouse building and to make a detailed report about the non-conventional lights, fans, A/c's that can be replaced with Energy efficient appliances.

| | | | |
|---|--|----------------------|--|
| CLASSIFICATION: <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> RESTRICTED | SIGNATURE (S)  | | |
| | | SUPERVISOR SIGNATURE | |