TOUR	ERGY EFFICIENCE TRAVELLING	CY SERVICES LIM	CLAIM	Date	: 02/1	2/2017				
	NCO 6632				02	1 (2)%	0110111	ada		
CARD	EMPLOYEE NO				Mth/Days Tour	011	200	DESTINATION		
1	colla Chinni Babu	Designatio n	gineer	Ener Scale of Pay			28,898 - Basic Pay 22,236 -			
Departme t	SUNP-	Telle H.O	VISO	akhay	oatram			ic ruy		
Section I Note		f total TA admissib In in favour of Ener	le (Please fill gy Efficiency	this Se	ction after fi	illing Section	II to V)			
					BEILLE		DUNTS DEP	TT.		
		Amount Claimed (to be filled in by the employee)(₹)			er only if cla	ed by Accour ims are clain by company	nts ned	Remarks		
1. Journey	200									
	Air Rail & Road	1576								
		Cost of Ticket Di								
	openses II + V	306								
Accommodation charges Daily allowance		2016								
A. Total 1 to		1200								
		5092								
	drawn from:									
5. Corporate										
6. From Pro B. Total 5 &										
C. NET CLAII	M (A-B)	5092								
Claim	Date :			Pay (₹) Net Claim						
D. Refund b Cheque N	lo	Dated			Recove	r (₹)				
on		for (₹)						Accounts Officer		
SECTION II : NOTE : Enclo	Details of Miscell se receipts for ar	aneous Expenses i	ncidental To	Tour				Accounts Officer		
S.No.	Particulars o		Amount	(₹) *	*The cancellation of booking was due to official reason					
					ate		Signature o	of Head of Department		
	Total					ched when	Designation	charges are claimed		

SECTION II : 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)

Date Time Station Date Time Station of Train Station of T		Depart	ure		Arrival	arra das j			u ticket/folder		_	
1 10 11 15 15 16 17 18 18 18 18 18 18 18	Date			Date		Time Station of Train		Journey (Please giv	Amount	No./Bus Tick		
*Note: Where tickets are provided by the company the fare may be indicated in remarks column. *SECTION IV: DETAILS OF CLAIM FOR DA & EXPENDITURE INCURRED FOR ACCOMMODATION (Excluding leave availed for Days per for DA Days)* *In Date (s) Date(s) Days per for DA Days(*) Allowance(*) Name of Hotel/Guest House whom accommodation shared *Note: Where tickets are provided by the company the fare may be indicated in remarks column. **SECTION IV: DETAILS OF CLAIM FOR DA & EXPENDITURE INCURRED FOR ACCOMMODATION (Excluding leave availed for Days)* *Principal City Vijcust Columbation* *In Date Station Date(s) Days per for Days(*) Allowance(*) Name of Hotel/Guest House whom accommodation shared **Note: Where tickets are provided by the company the fare may be indicated in remarks column. **Note: Where tickets are provided by the company the fare may be indicated in remarks column. **Note: Where tickets are provided by the company the fare may be indicated in remarks column. **Note: Where tickets are provided by the company the fare may be indicated in remarks column. **Note: Where tickets are provided by the company the fare may be indicated in remarks column. **Note: Where tickets are provided by the Claimant. **Total Date Station Date(s) Da	2/17	lo'us	Li cold	T T		viioya					NO.	
*Note: Where tickets are provided by the company the fare may be indicated in remarks column. *SECTION IV: DETAILS OF CLAIM FOR DA & EXPENDITURE INCURRED FOR ACCOMMODATION (Excluding leave avail (Obrrs) spent in Date(s) Days per for DA Day(\$\frac{7}{2}\) Days per for DA Day(\$\frac{7}{2}\) Allowance(\$\frac{7}{2}\) Addu (ass 2) *Principal City Vijaus Of (11/4) 2 600 (200 Addu (ass 2) 2016 **NOTE: Please enclose the supporting bill & receipt for the amount paid on account of hotel/guest house accommodation charge 1. Leave availed (if any) at	117 10:30 VI) aya		Fulhar					BUS		781	OYX 156	2
Midnight (00hrs) spent in Date(s) Date(s) Date(s) Days for DA Day(₹) Allowance(₹) Hotel/Guest House Accommodation (₹) Name of Hotel/Guest House Accommodation(₹) Name of Hotel/Guest House Accommodation(₹) Station Date(s) Day(₹) Allowance(₹) House Accommodation(₹) Name of Hotel/Guest House Accommodation(₹) Name of Persons Whom Accommodation(₹) Name of Persons Name of Hotel/Guest House Accommodation(₹) Name of Persons Name of Hotel/Guest House Accommodation(₹) Name of Persons Name of Name of Hotel/Guest House Accommodation(₹) Name of Persons Name of Name of Name of Hotel/Guest House Accommodation(₹) Name of Persons Name of N			OBINIA				n Rus	training		The state of the s		
Midnight (Others) spent in Station Date(s) Days for DA Day(\$\frac{1}{2}\text{Day(\$\frac{1}\text{Day(\$\frac{1}{2}\text{Day(\$\frac{1}{2}\text{Day(\$\frac{1}Day(\$\	*Note	: Where	tickets a	re provide	ed by the	compan & EXPEN	y the far	re may be	indicated in	remarks colur	mn.	
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Total Total 1200 Total 2016 NOTE: Please enclose the supporting bill & receipt for the amount paid on account of hotel/guest house accommodation charge 1. Leave availed (if any) at from to 2. Both Boarding and lodging/Boarding only lodging/only was providing free of cost at from to SECTION V: 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 (specify Locality) Distt. In Kms. From To (approx) Travel (₹) Purpose (in brief) wise we total the same Performa may be attached duly signed by the claimant. Place of Visit (specify Locality) Distt. In Kms. Travel (₹) Travel (₹) Travel (₹) Purpose (in brief) wise we total the same Performa may be attached duly signed by the claimant. Place of Visit (specify Locality) Distt. In Kms. Travel (₹) Travel (₹) Purpose (in brief) wise we total the same Performa may be attached duly signed by the claimant.			Wida			600	(20	00		in the second		silared
Total T												
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Date Station (specify Locality) From To (approx) Means of Amount Travel (₹) Purpose (in brief) Station wise we total	SECTIO	N V : DE	TAILS OF C	ONVEYENG	CE CHARGI	ES CLAIM	to to				igned by the cl	aimant
1. Unity visag Home Buston 6 Auto 50 To attend the 2 Hules Visage Buston Hotel 5 Auto 40	SI No. Date		Station (specify		Locality) Dist		ms. Means		Amount			Station- wise weekly
2 Holls village Butation Hotel 5 Auli 40 To allered the	1.	GD/17	Vi2 - 0									total
3 Holls vijage station Hotel 5 Auli 40					Statu			Auto	50	To able	To attend the	
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Total 300							Tot	al	800			
					1					JK.	triide	le
Signature (Name & Designation of the Controlling officer) Signature of Employee	(Nav	ne & Des	ignation o	f the Contr	olling offic	rer)				Sig	strature of Emp	loyee

Date: 8/12/17