

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 & Class of travel	Train No./ Train Name	Purpose of Journey (Please give details)	Amount Claimed (₹)	Ticket No./MR No./Bus Ticket No.	Remarks
Date	Time	Station	Date	Time	Station						

*Note: Where tickets are provided by the company the fare may be indicated in remarks column.

SECTION II : DETAILS OF CLAIM FOR DA & EXPENDITURE INCURRED FOR ACCOMMODATION (Excluding leave availed)

Midnight (00hrs) spent in	Station	Date(s)	No. of Days for DA	Rate per Day(₹)	Amount of Daily Allowance(₹)	Name of Hotel/Guest House	Amount for Hotel Accommodation(₹)	Name of persons with whom accommodation shared
Principal City								
Ordinary City								
Journey								
Total				Total		Total		

NOTE : Please enclose the supporting bill & receipt for the amount paid on account of hotel/guest house accommodation charges

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 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					
7.	11/10	Tirunelveli	Hotel	SE office	6	Auto	70		
8	11/10	Tirunelveli	Katcham	Pandi	18	Auto	120		
9	11/10	Tirunelveli	Adiyathan	Remlam	23	Auto	150		
10	12/10	Trichy	Rharathi	By Road	9	Auto	80		

Total

420/-

CERTIFICATE :

Certified that: (i) Wherever lodging charges for stay in a hotel have been claimed, Company Guest house accommodation was not available.

(ii) I am/am not in receipt of HRA of availing the facility of leased accommodation at any of the tour stations for which daily allowance has been claimed

Counter signed

Signature

(Name & Designation of the Controlling officer)

Signature of Employee

Date : 23/10/17