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) Departure Arrival Model Train Purpose of Ticket No./MR & Class No./ Journey **Amount** No./Bus Ticket Remarks Date Time Station Date of Train (Please give Time Station Claimed No. Name details) travel (₹) 15/10/17 9:40 BHOPAL 15/10/17 15:55 GWL 965 2612388856 2A 12137 Audit GWL 16/10/17/00:45 of Service 2A 700 GUNA 21126 253887693 18/10/17/20:20 Buildy GUHA 3/10/17/04:25 14309 3A GWL 295547866 Gung \*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) Amount for Name of persons with Midnight No. of Rate Amount of Name of Hotel whom (00hrs) spent Station Date(s) Days per Daily Hotel/Guest Accommoda accommodation in for DA Day(₹) Allowance(₹) House tion(₹) shared **Principal City** Hofe 600 2100 **Ordinary City** GUNA 15/10/17/3.5 Self, 3867 Vedantam Journey 3.5 2100 Total 3867 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 from 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 Distt. In Station-(specify Locality) Means of Amount SI No. Date Station Kms. Purpose (in brief) wise weekly Travel (₹) (approx) From total ISTIVIT BHOPAL office Rail st 80 10 Auto ANUD FIBILD Auto AHUD FILLION 5×2 Auto 17/10/17 GUNA Hotel Audit Kui 5×2 Auto 18/10/17 GUNA Hotel Audit Bui Auto 4301 Total **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 Signature of Employee (Name & Designation of the Controlling officer) Date: