ENERGY EFFICIENCY SERVICES LIMITED

TOUR APPROVAL FORM

Details of the Employees proposing to undertake the tour:

Name Priyaveat Tomar	Designation	Emp. No.	Department
	Engineer	N 107513	SLMP

Details of the Tour:

1.	Complete address of the place(s) to visited:	Gorakapin
2.	Contact Person:	Ma. Tarun Tayal
3.	Purpose of the Tour:	SLIMP WOOK
4.	Proposed period of tour:	10 days

Details of the Movement:

S/No.	Date of Travel	Train / Flight			01	
	2	Name & No.	From	To	Class	Remarks
1.	3-10-17	ع ٥٥	LKO	9KP	3rd A.c	Tickets 1 Attached
2.	14-10-17	BUS	GKP	LKO		Tickets Attached

Date: 31/10/17	Signature of the Employee
Comments of the Controlling Officer:	
Comments of the HOD:	
₩	
Tour Approved / Not Approved.	
	Signature of Reporting Officer - DELP
	3

1		CY SERVICES LIMI		Date	: 3	111	0117				
TOL		ALLOWANCE	CLAIM				('/				
CARR	NC07513	<u>i </u>			1 1						
CARD	EMPLOYEE NO		MENCEMENT	DATE	Muth/Da	ívs			DESTINATIO	N	
Name	Priyaveat Tomas	Designatio 6	sincer	- !	Scale of P	ау			Basic Pay		
Departn t	SLNP) H.0	0								
Section Note	Calculation of the Cheque draw	of total TA admissib on in favour of Ene	le (Please fill rgy Efficiency	this Se	ction afte	er filli d if no	ng Sectior et claim is	n II to nega	V) tive.	ejő	
						-			TS DEPTT.		
	_	Amount Cla (to be filled in employed	n by the	(en	ter only if ket, book	clain ed by	d by Accouns are clainy company	med		Remarks	
1. Journ	, · · · · · · · · · · · · · · · · · · ·										
	By Air By Rail & Road	912									
		Cost of Ticket D	r.							3) *	
	yance charges . expenses II + V	480								è	r
	modation charges	16016				8					
4. Daily al A. Total 1		5280									
Less Advar	L nce drawn from:								- 2		
5. Corpora	L		jà and	a B							
	Projects, If any										
B. Total 5	& 6		# 1722———								
C. NET CL	AIM (A-B)	22188									
Cla	im Date :				Pa	y (₹).			Net	Claim	
	d by cheque				Re	cove	or (₹)				
		Dated					(\)				
		for (₹)								Accounts C)fficer
	I : Details of Misce close receipts for a	llaneous Expenses amount claimed	incidental T	o Tour		2	_				
S.No.		of Expenses	Amoun	nt (₹)	*The ca	encel	lation of b	oooki	ng was due	to official re	asons
					Date				Signature of I Name Designation	Head of Depa	rtmen
	Total					furn	ished who		ncellation ch	arges are cl	aimed
	Iotal				.550			541			

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) Model Departure Arrival Train Purpose of Ticket No./MR & Class No./ Journey Amount No./Bus Ticket Remarks of Train Time Station Date Date Time Station (Please give Claimed No. travel Name details) SLNP LOOK *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** 16016 **Ordinary City** 1(480 5280 MADO Journey 16016 Total 5280 Total 11 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 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-Means of Amount (specify Locality) Purpose (in brief) wise weekly SI No. Date Station Kms. Travel (₹) total (approx) To From 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 (Name & Designation of the Controlling officer)

BILL / CASH MEMO

(0551):2337630 :2331831



GSTIN-09AABFH1956P1ZW

HOTEL MARINA

GOLGHAR GORAKHPUR - 273001

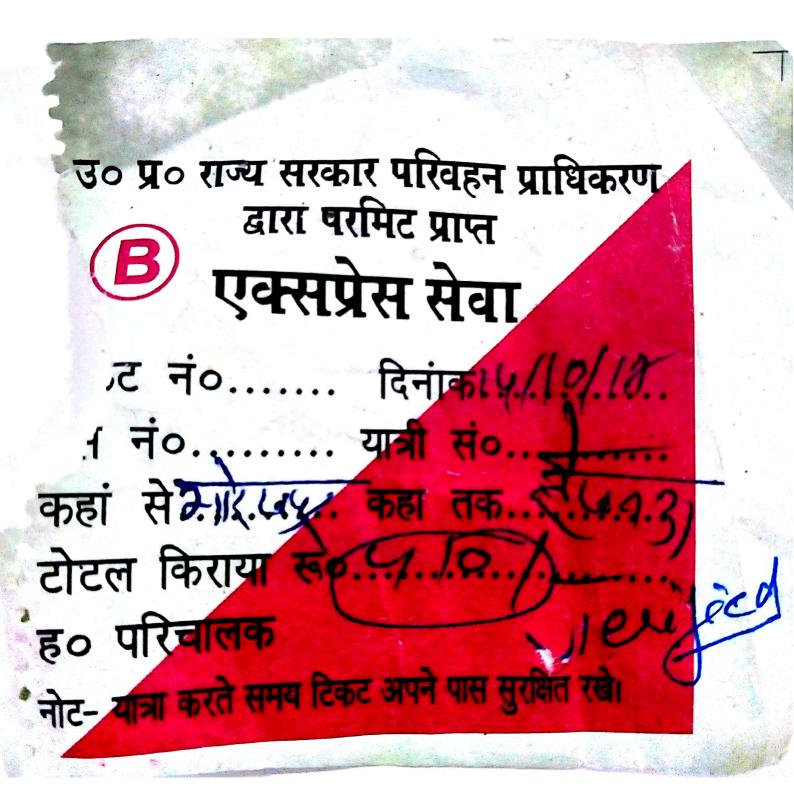
	1122		Date. 14-10-1>
Shri	Driy	avrationar.	
Room	No	209-204>	

SI			
No	PARTICULARS	RATE	AMOUNT Rs. P.
1.	Lodging Charges for days revel.	1300f	,4300
	Lodging Charges for (1) days revelopment (1) time (1) (1) (2) (2) (3) (4)	, , ,	
2.	Extra Bed Person		
3.	Local Call	-	
4.	Truck Call/Telegram	. \	
5.	Misc.		
6.	Blanket/Towels		
7.	Boarding £16016/		
8.	Boarding F160'6 MARINA		
9.	Colghar-Gorakhpu Total	COST AX	14300
	Luxury Tax	SGST 6%	800
	Less Adv. vide Receipt No. Total		16016
	Nett Total Payable/Returnable Advance		
	Balance		(16016)

Signature of Customer

Receptionist





1			1	1	ı	· · · · · ·
	SI.No.	STATION	DATE	NO. OF DAYS FOR DA	RATE PER DAY	AMOUNT OF DAILLY ALLOWANCE
1	1	GORAKHPUR	04-10-2017 TO 14-10-2017	11	480	5280

Reimburse of Monthly Travelling Allowance

From:

To

Name Prégaviat RM Name... 191. Tarun Tayal

Finance Department

Ref: Fixed Monthly Allowance in lieu of Company Vehicle Arrangement and Hard Site Posting Allowance Circular No 31/2016 dated 21-10-2016.

With reference to the above please find the below mentioned summary of Fixed Monthly travelling Allowance for the month of ALE.

Distance Details	No. of days (Nos.)	Eligible Amount(Rs.)	Total Amount(Rs.)
Not less than 20			
kms		127 × 3.77	
Not less than 50		121/31	
kms			
		Total 480	

As per Circular Annexure A and B are enclosed for your ready reference. As per the monthly limit i.e Rs.....may be reimburse to Mr.....

Account details:

Bank Name: CANARA BANK

Account No: 2180/01013299

IFSC Code: (NRB0002180 Branch: (ANARA BANK, KIRTHAL

Signature: prévaviat Tomas

ENERGY EFFICIENCY SERVICES LIMITED, NOIDA

CLAIM FORM

Fixed Monthly Travel Allowance

Name of the employee	Employee No. :	Designation:	Department :	Scale of Pay :
Putyamat Tomal Claim Month	NC07513	Engineer	SLNP	
Claim Month		0		

(a) Details of Visit:

Date	Purpose of visit	Lo	cation	Distance	Remarks
		From	To .	(Kms.)	
4/10/17	SLNPWORK	GNN	Agrenmub	20 tm	SLNP LOOK DU
1/10717	SLNPWOKK	GNN	Boti hyester	20Km	SLNP LOOK B
1 ' '		9	comismer cod,		
			mander		
5/10/17	SLNPWOKK	GNN	SPA WOOK	21Km	SINPAUTE WOX
			Tom Chamara	رج ا	A
5/10/17	SLNPWOYK	GNN	TIM Chaval	na RIKA	SINPRITUMO
			ghantigher		
	and the same of th	The state of the s	madisa Has		
			-upu		
6/107/7	SLWPWOKK	GNN	Kasipuls	21 Km	SLNP WOOK
	And demand of the second		Al Which		
			Torangail	LES NO.	
6/107/7	SLNPWOOK	GNN	Malsigny	20 Km	SINP WOTE
			gasipus,		
			Karocitala	127K	σ

I do hereby certify that I travelled on the above mentioned dates in connection with office work.

Date :	31/	101	17
--------	-----	-----	----

Signature: Prigariat Tomas

Verified that the travel on the dates claimed above was actually undertaken and was duly authorized.

Signature of Site Incharge

Counter sign by Zonal / Regional Manager

Name: Pliyarnat Tomar

Designation: Engineer

Date: 311 (0)17

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Mur on

Annexure B

ENERGY EFFICIENCY SERVICES LIMITED, NOIDA <u>TRAVEL LOG BOOK</u> <u>Fixed Monthly Travel Allowance</u>

Site/Posting Location: Gorakhbur

SI. No.	Rame Priyaria Tomal	Designation (In case of UPL employees please write UPL engineer)	From	Start Time	То	End Time	Mode of travel	Distance	Time taken	Purpose	Details of Work carried out	Signature of Employee
	4110117	Engineer	GNN	7:50 Am	Agrice marty Ghavi	1:00pm	auto	20Km	5hr	SLNP.	SLNP dute visit	0. 1.
	4/10/17	Engineer	GNN	7:30	Katra	ta (:00pm	auto	20 km	She	SLNP	SLAP seite Visit	Jana
į	5(10(17	Enginea	GNN	8:50 F	Cpd 4 Idruma Mandel SPA Work house	2:00	auto	21 Km	The	SLNP	SINP suite Visit	lugarra
1	5(10119	Engnea	GNN	7'30 Am	maheu Tomehau Glarte Madry Hasy	gr, (100)	auto	25 Km	6he	SLNP	SLNP suite Vissit	lingurat
5	6/0/17	Enginea	GWN	71.30	Kasife	w 2:00	auto	21 Km	She	SLNP	SUNP Site Visut	
£	6110117	Egsinea	GNN	7:00 Am	Haray	My Con	auto	20 KM	The	SINP	SLNP SITEVISIE	Turan

Signature of Site Inchrage:

Date: 31/10/17

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