## Tour Allowance Claim Form for UPL Executives

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         |                         | Train   |                       | pose of    |                               | Ticket No./MR              |                       |             |
| Date   | Time      | Station                | Date       | Time                 | Station       | & Class<br>of<br>travel |         | No./<br>Train<br>Name | (Ple       | ourney<br>ase give<br>etails) | Amount<br>Claimed          | No./Bus Ticket<br>No. | Remarks     |
| 12/10/17   | 6.00      | Jailunan               | 12/10/17   | 11.00                | Delhi         | CC                      |         | 12985                 | M          |                               | 494                        | 24376190              | D           |
| 12/10/7  | 4.30      | Delhi                  | 12/19/17   |                      | Jaiper        | Volvo                   |         |                       |            | 00                            | 900                        | 4564584               | 9           |
|  |           | 6                      |            |                      |               |                         |         |                       |            | dr.                           |                            |                       |             |
|  |           |                        |            |                      |               |                         |         |                       | 1          |                               |                            |                       |             |
| *Note: Where tickets are provided by the company the fare may be indicated in remarks column.  SECTION II: DETAILS OF CLAIM FOR Boarding /Lodging  |           |                        |            |                      |               |                         |         |                       |            |                               |                            |                       |             |
|  | NA        | idnight                |            |                      |               |                         |         |                       | Clah       |                               | Doording & Ladeing shares  |                       |             |
|  |           |                        | 6          |                      |               |                         |         |                       | Slab       |                               | Boarding & Lodging charges |                       |             |
|  | (our      | rs) spent              | Station    |                      |               | No. of days             |         |                       | Rates      |                               |                            |                       |             |
|  |           |                        |            |                      |               |                         |         |                       |            |                               |                            |                       |             |
|  |           |                        |            |                      |               | 1                       |         |                       | 11/1-      |                               |                            |                       |             |
|  |           |                        | Delhi      |                      |               | 1                       |         |                       | 400        |                               |                            |                       |             |
|  |           |                        |            |                      |               |                         |         |                       |            |                               |                            |                       |             |
|  |           |                        |            |                      |               |                         |         |                       |            |                               |                            |                       |             |
| Contract of the Contract of th |           |                        |            |                      |               |                         |         |                       |            |                               |                            |                       |             |
|  |           |                        | Total      |                      |               |                         |         |                       |            |                               | Total                      |                       |             |
| NOTE :   | Please    | enclose the            | supporti   | ng bill /declaration |               |                         |         |                       |            |                               |                            | Total                 |             |
|  |           | e availed (if          |            | from                 |               |                         |         | to [                  |            |                               |                            |                       |             |
|  | N III : D | ETAILS OF C            | ONVEYER    |                      | RGES CLAII    | MED                     |         |                       | _          |                               |                            |                       |             |
| NOTE:  | If the sp | ace provide            | d is insuf | ficient, s           | eparate sh    | eet in                  | the     | same Per              | forma      | may be a                      | ttached duly               | signed by the cl      | aimant.     |
|  |           |                        |            | e of Visit           | I DISTI I     |                         |         |                       |            |                               |                            |                       | Station-    |
| SI No.   | Date      | Station                | (speci     | fy Localit           |               | Kms.                    | Tra     | Means of<br>Travel    | Amount (`) |                               | Purpose                    | (in brief)            | wise weekly |
|  |           |                        | From       | To                   | (ap           | prox)                   | Travel  |                       |            | ()                            |                            |                       | total       |
| 1  | 12/10/12  | Railways               | . Hone     | Raidways 141         |               | 4                       | Audo -  |                       | =          | 50 L                          |                            |                       |             |
| 2  | 12/10/12  | Metrosi.               | Railway    |                      |               | -1                      | Auto    |                       | 50/        |                               | May Sign                   |                       |             |
| 3  | 12/10/12  | Hola Noda Matro Mod do |            |                      | , ,           |                         | Metro 5 |                       | ,          |                               | 20 UN                      |                       |             |
| 4  |           |                        |            |                      |               |                         | Metro 5 |                       |            |                               | H                          | O Dolhi               |             |
| 5  | 12/10/12  | Bustond                | Metro      | Bus                  |               | 5                       |         | ows                   | 56         |                               |                            |                       |             |
| 6  | 2/10/1    |                        | Bussta     | Ho                   |               | 5                       |         | otwif                 |            |                               |                            |                       |             |
| Griper) Total 3124   |           |                        |            |                      |               |                         |         |                       |            |                               |                            |                       |             |
| CERTIF   | ICATE:    |                        |            |                      |               |                         | 100     | ui                    |            | -/                            |                            |                       |             |
|  |           | was physically         | present a  | t the touri          | ng station as | above                   | for th  | ne indicated          | days.      |                               |                            |                       |             |
|  |           | Count                  | er signed  | 1                    |               |                         |         |                       |            |                               |                            |                       |             |
|  |           |                        |            |                      |               |                         |         |                       |            |                               |                            |                       |             |
|  |           |                        |            |                      |               |                         |         |                       |            |                               |                            | 117                   |             |
|  |           | Signa                  | ture       |                      |               |                         |         |                       |            |                               |                            | 100                   | 11/1        |

(Name & Designation of the Regional OfficeIn charge/BUH)

Signature of Employee