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/fo!ders)

Date				7-01110	y and bus j	ourney er	iciose use	d ticket/folders)					
Date	Departi	ire		Arrival		Model	Train	Purpose of		Tie	ket No./M	1R	
	Time	Station	D.,			& Class	No./	Journey	Amount		./Bus Tick		
	1		Date	Time	Station	of .	Train	(Please give	Claimed	140	No.		
01217	21:30	Bilospur	21/12/17	10100	DOIL 1	travel	Name	details)	(₹)	-	-110-	7005	
3 2 7	21115	Dollar	9/11/17	10,00	DEIM.	CC_	BUS	Street	1515	LKE	1x54697	(X)D	
	10	Delly.	34/12/17	10:00	Bilospur	ce	BUS	light sale		TK.	94865 <i>5.</i>	26/11	
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'Note:	Where	tickets ar	e provid	ed by th	e compar	y the far	o may be	indicated in re	marks solu	mn			
2FC1	ION IV	DETAILS	OF CLAIN	1 FOR D	A & FXPF	JOITHE FAI	INCLIDE	indicated in re	MODATION	/Fvc	luding lea	ave availed)	
Midr	night			1				TOR ACCOM			Name of	persons with	
(00hrs) spent in		Station	Date(s)	No. c	· I · · · · · · · · · · · · · · · · · ·	Amount of		Name of	Amount for Na Hote!		1	whom	
				Days for DA			Daily	Hotel/Guest	Accommoda		accon	nmodation	
					Day(Allo	wance(₹)	House	tion(₹)	S	hared	
Princip	al City	Delly	21/12/1	73	750	2	250						
		 -		-			100						
Ordinar	ry City					14							
				-	_								
Journe	У												
			Total	3	Tota	1 29	50	Total		-			
NOTE	: Please	enclose the	e support	ng bill &	receipt for	the amou	int naid or	account of hote	L/avant l				
	1. Leav	e availed (if	any) at		from	1	ant paid of	to Taccount of note	i/guest hous	e acc	ommodati	on charges	
	2.Both	Boarding :	and lodgi	ng/Boai	rding only	lodging/	only was	oroviding free o	f cost				
	at		from	. Г	0 7		Jilly Was	Stoward Hee C	or cost				
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SECTIO	ON V : D	ETAILS OF C	ONVEVEN	ICE CHAE	RGES CLAIM	IED	1						
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SECTION NOTE:	ON V : D : If the sp	ETAILS OF Coace provide	ONVEYEN ed is insuf	CE CHAR ficient, s	eparate sh	eet in the	same Perfe	orma may be att		gned	by the cla	imant.	
SECTION NOTE:	ON V : D : If the sp Date	ETAILS OF Coace provide	ONVEYEN ed is insuf	CE CHAF	eparate sho Dis Y)	eet in the	same Perfo	orma may be att	ached duly si			Station-	
NOTE:	If the sp	pace provide	ONVEYEN ed is insuf	CE CHAR ficient, s	eparate shi	EED eet in the	same Perfe	orma may be att				Station- wise weekly	
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