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 lind Class and for

Departure	Ar	rival	us iournev en Model	Train Pu	<u>:ket/folders</u> rpose of)		
Date Time Station	Date Ti	me Station	of	No./ Jo	ourney ease give	Amount Claimed	Ticket No./MR No./Bus Ticket No.	Remarks
1/07 19:55 DEL	2/07 9%	40 AHM.	, traver	Name (details)	(')		
6/2 17:40 AMD	2/22	10 05		2958 of	Sicial	0	2565 3629	a by contony
B(2-10-14-11-11-11-11-11-11-11-11-11-11-11-11-	17107 7	JO DEL	3A	2957			83640(93/3	1 ' ' '
*Note: Where tickets	are provided	by the comp	any the fare	may be inc	dicated in r	emarks co	olumn.	
SECTION II : DETAILS	T CLAIM F	Во	arding &					
Midnight	No. of	Slab Lodg	ing charges					
(00hrs) spent Statio		Rates						
	1 1							
	1				CD	A		
	6	500				•		
	/							
	X	1 /						
	Total	3000	Total					
NOTE : Please enclos				•				
1. Leave avai	ed (if any) at		from	t	:o			
SECTION III : DETAIL NOTE: If the space p	OF CONVEYE ovided is insu	NCE CHARGES fficient, separ	CLAIMED ate sheet in th	ne same Perfe	orma mav b	e attached	duly signed by th	e claimant
	Pla	ce of Visit	Distt. In Kms.		of Amount		rpose (in brief)	Station- wise weekly
SI No. Date Station		cify Locality)		Means of Travel				
1 9 5 44	From	То	(approx)		. ,			total
	that office		5 20h.	Auto	15	- of	hiley	
	llot Site		20cm	1	75	\dashv	•	
			25	(1	94	\dashv		
4. 143	othe	LIBIT	(A)	1 ''	137			1
5. 44	11 Ste		25	11	94			
	1000							
3. 44	1000					<u> </u>		
S 4 P	1/ 5/Fe	office	25	Total	353	<u>-</u>		
3. 44	hysically presen	t at the touring	25	Total	353	<i> </i> -		
CERTIFICATE:	1/ 5/Fe	t at the touring	25	Total	353	<i>J</i> -		
S 4 P	hysically presen	t at the touring	25	Total	353	<i>-</i>		
S 4 P	hysically presen	t at the touring	25	Total	353	<u> -</u>	Signatur	re of Employee