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 | Purpose of |  | Ticket No./MR |  |  |
|  |  |  |  |  |  | & Class | Journey | Amount |  |  |
|  |  |  |  |  |  | No./Bus Ticket | Remarks |  |
| Date | Time | Station | Date | Time | Station | of | (Please give | Claimed |  |
| No. |  |  |
|  |  |  |  |  |  | travel | details) | (`) |  |  |
|  |  |  |  |  |  |  |  |  |
| 12-10-2017 | 10:00 am | Faridabad | 12-10-2017 | 11:30am | Gurgaon | Bike | For petrol pump agreement signing | 169 |  |  |  |
| 12-10-2017 | 11:50 am | Gurgaon | 12-10-2017 | 02:10pm | Rewari | Bus |  | 50 |  |  |  |
| 12-10-2017 | 8:00 pm | Rewari | 12-10-2017 | 10:15 pm | Gurgaon | Bus |  | 50 |  |  |  |
| 12-10-2017 | 10:25 pm | Gurgaon | 12-10-2017 | 11:30pm | Faridabad | Bike |  | 169 |  |  |  |
|  |  |  |  |  |  |  |  | 438 | TOTAL |  |  |

\*Note: Where tickets are provided by the company the fare may be indicated in remarks column.

SECTION II : DETAILS OF CLAIM FOR Boarding /Lodging

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Midnight |  |  | Slab | Boarding & Lodging charges | |  |  |
|  |  |  |  |
| (00hrs) spent | Station | No. of days | Rates |  | |  |  |
|  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| 12/10/2017 | Rewari | 1 | 600 | 600 | |  |  |
|  |  |  |  |  | |  |  |
|  |  | | Total | 600 |  |  | |
|  |  |  |  |  | |

NOTE : Please enclose the supporting bill /declaration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Leave availed (if any) at |  | from |  | to |
|  |  |  |  |  |

SECTION III : 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 | (`) |  |
|  | |  |  | From | To | (approx) |  | total |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |

Total

CERTIFICATE:

Certified that: I was physically present at the touring station as above for the indicated days.

Counter signed

Signature Signature of Employee