

FIELD TRAVEL EXPENSE REPORT - FIELD EMPLOYEES



Name										EMP. NO.		HQ		STATE		Remarks / Ref. Encl. Bill	
DESIGNATION				Field Work Details			TRAVEL FARE		MONTH			ALLOWANCES			TOTAL (Rs.)		
TOUR ITINERARY		NIGHT HALT (YES / NO)		TRAVEL MODE	Dr. Calls	Chemist Calls	One Way (KMS)	Fare (Rs.)	H/Q	EX-H/Q	O/S	OTHER ALLOWANCES	MISCELLANEOUS	TOTAL (Rs.)			
FROM	TO																
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
Total (Rs.)																	
SELF SIGN																	
APPROVER																	
FOR - H.O.																	
Total Claimed																	
Total Deduction																	
Total Passed																	
NO OF BILLS ENCLOSED																	
DATE																	
PX/REP/SO/ 01 Jan' 16																	

(1) White : Office Copy (2) Pink : Immediat Superior (3) Yellow : Self

* To be sent to immediate superier on or before 4th of every month.
* Field Work detail (Dr. Calls/ Chemist Call) must to be entered.
* Please mention in **REMARKS** for meeting / Admn/any other activity.