



NAME	Super Admin C UserC
DESIGNATION	Head of Dept.
OFFICE CODE	CODE02
DATE	04-Nov-2018

[illegible]

Date	Institution and Locations	Allowance			Hotel Fare	Transport(with Ticket)	Internal Transport		Total	Remarks
		HQ	EX Hq	O/S			Mode	Fare		
25										
26										
27										
28										
29										
30										
	Total:									
In Words										

Signature

Approved By