###### DOMESTIC TRAVEL

**ANNEXURE – 1**

**TOUR APPROVAL / ADVANCE REQUEST FORM: Annexure - I**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(to be debited)*

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERNR.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JRL/Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Required: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only)

Mode of Journey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Journey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount Sanctioned: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only)

Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sanctioned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount outstanding as on date: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only)

**TOUR INFORMATION TO HUMAN RESOURCE DEPARTMENT**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp. No.\_\_\_\_\_\_\_\_

From Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ To Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ No. of days: \_\_\_\_\_\_\_

Signature of HOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(To be handed to HR Department through HOD)***

###### DOMESTIC TRAVEL

**ANNEXURE – 2**

**TRAVEL EXPENDITURE STATEMENT FORM:**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(to be debited)*

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERNR.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JRL/Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

From Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ To Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ No. of days: \_\_\_\_\_\_\_

Purpose (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item of Expenditure** | **Date & Place** | **Date & Place** | **Date & Place** | **Date & Place** | **Date & Place** | **Date & Place** | **Total**  **(Rs.)** |
| Ticket Fare (Annex. I) |  |  |  |  |  |  |  |
| Conveyance (Annex. II) |  |  |  |  |  |  |  |
| Stay Expenses (Annex. III) |  |  |  |  |  |  |  |
| Boarding (Annex. IV) |  |  |  |  |  |  |  |
| Allowance for incidental expenses |  |  |  |  |  |  |  |
| Other Official expenses  (Annex. V) |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |

**ANNEXURE I: Ticket Fare**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **From (Place)** | **To (Place)** | **Mode of Travel** | **Start Date** | **Arrival Date** | **Paid by Company** | **Paid by Employee** | **Total (Rs.)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Eligible Mode of travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Furnish explanation, if otherwise. | | | | **TOTAL** |  |  |  |

**ANNEXURE II: Conveyance**

###### DOMESTIC TRAVEL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **From** | **To** | **Mode of Conveyance** | **Paid by Company** | **Paid by Employee** | **Total (Rs.)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | **TOTAL** |  |  |

**ANNEXURE III: Stay Expenses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **From (Date)** | **To (Date)** | **Place** | **Type of Stay\*** | **Paid by Company** | **Paid by Employee** | **Total (Rs.)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | **TOTAL** |  |  |  |

\* Type of stay: Guest House / Hotel / Own Stay

Eligible amount per day \_\_\_\_\_\_\_\_\_\_\_\_\_. If exceeds, furnish explanation.

**ANNEXURE IV: Boarding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Bill No.** | **Place** | **Paid by Company** | **Paid by Employee** | **Total (Rs.)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **TOTAL** |  |  |  |

Eligible amount per day \_\_\_\_\_\_\_\_\_\_\_\_\_. If exceeds, furnish explanation.

###### DO MESTIC TRAVEL

**ANNEXURE V: Others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Nature of Expenses** | **Paid by Company** | **Paid by Employee** | **Total (Rs.)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **TOTAL** |  |  |  |

**Amount Payable to / Receivable from Employee**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Amount (Rs.)** |  | **ACCOUNTS DEPARTMENT** |
| Total Expenditure |  |  | Total Amount of Travel |
| Less: |  |  | Expenditure passed for |
| Advance taken from reporting office |  |  | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Advance taken from Branch / Group Offices |  |  | **Balance payable to / receivable from Employee** |
| Expenditure paid by the Company |  |  | **Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Balance payable to / Receivable from Employee** |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **NOTE**  1. Additional sheets may be used wherever necessary.  2. Wherever the employee receives advances from  Company’s Location other than which he belongs to, the  details should be furnished | |  | **Checked by** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Traveler’s Signature and Date Approved by