CLAIM FOR BIANNUAL TRANSIT FACILITY (Under Non Family Station)

Calendar Year:2008 Whether Part I or Part II:

(TO BE FTLLED IN DUPLCATE)

Name wth telephone no			De	Designation/Grade		Scale of Pay		Emp. I	No.	BASIC PAY	BASIC PAY	
Head Quarter of Employee: BHATWARI						Whether claim for Part I or II:						
DET	AILS OF JOURNEY							•				
SI No	Name	Age	Departur Station Details	Date of outward	Arrival Station I journey	Date	Mode of travel	Class of travel	Dist ance	Fare Amount	Ticket Nos./Money receipts	
			Details	Details of return journe								
										Total		

Contd...2/- (Over Leaf)

		<u>AMOUNT</u>
Total fare as on pre-page	Rupees	Paisa
Total Amount payable		
Less advance		
Net payable/recoverable		

(ii)	The journey for which the claim is made have actually been performed by the mode and class indicated above. My family is residing at
(iii) (iv) (v)	(address)

Data		Signature of the employee					
Date:		Date:					
Name:							
Designation	-						
As he has fulfilled all the terms	and conditions as laid down in me Rules for the	Passed for payr Rs.	ment of (Rupees)			
purpose, the aforesaid claim ma	y please be processed by F&A Department.	Date:		,			
Date:	Senior Officer/Officer (HR-EB)			Sr. Accounts Officer/AC			