

TRAVEL EXPENDITURE CLAIM FORM

(To complete this form Use Block Letters and Tick checkboxes wherever required)

Name: Designation:

Employee Code: Project Code: Basic Pay:

Purpose of Tour Advance Taken:
.....

Journey Details:

Departure		Arrival		Mode of Journey	Ticket No.	Fare (In INR)
Date & Time	Station	Date & Time	Station		PNR No.	

Daily Allowance:

- days at the Rate of Rs. per day: Rs.
- days at the Rate of Rs. per day: Rs.
- days at the Rate of Rs. per day: Rs.

Local Conveyance (If Any):

Date	From	To	Mode of Journey	Distance Travelled	Charges (In INR)
Grand Total					

Boarding & Lodging:

Date	Name of the Facility and Location	Bill No. & Date	Lodging Charges per day (In INR)	Total (In INR)

Grand Total				

If any free boarding & lodging availed:

Yes		No	
-----	--	----	--

1. Boarding Only: 2. Lodging Only: 3. Both Boarding & lodging:

Any other expenses related to tour:

S No.	Details	Amount
Total		

Total Amount Claimed:

Rs.

(Less) Advance Taken (if any):

Rs.

Cost of Tickets arranged by Office:

Rs.

Net Amount Payable/ Receivable:

Rs.

- I actually traveled by the class of accommodation for which the claim is made.
- I was actually and not merely constructively in the Camp for the days for which DA has been claimed and I did not avail of any leave during the period.
- I was provided/not provided with free boarding/lodging or both at the expense of Government or State or any organization during the days for which full daily allowance has been claimed.
- I was not provided with any means of conveyance free for which claim is made.
- I have not claimed and will not claim from any other source the traveling allowance for the journey to which this claim pertains.

Signature of the Employee

Signature of the Controlling Officer with Designation:

FOR USE IN ACCOUNTS SECTION

Passed for Rs.

(Rupees being amount paid or refunded.

Office Assistant

Accounts Officer

Registrar