

Travelling Expenses for the Month: of _____ 20____

Name of Claimant _____ Department _____

Date _____ 19____ Personal No. _____ Post Held _____

1. Make and Weight of Car. _____ cwt.	2. Registration No. _____	Amount		Expenses other than kilometre allowances Subsistence - Railway Fares and items of Expenditure	Amount	
		₹	k		₹	k
3. Summary and Details Overleaf Kilometres @ _____				4. Nights @ _____		
Kilometres @ _____				Nights @ _____		
Kilometres @ _____				Nights @ _____		
Kilometres @ _____				Nights @ _____		
Kilometres @ _____				Nights @ _____		
Kilometres @ _____				Days @ _____		
Total				Litres of Petrol & Oil (per Receipts Attached)		
Additional Total at Section 4				Railway Fares		
Total Claim				Ferries		
5. Checked and Certified Correct.		Audit Stamp		Air Fares		
Date _____				Other Expenses (per Receipts Attached)		
				Total		

EXPENDITURE HEAD(S) TO BE CHARGED

9. Expenditure Codes	₹	k	Posting Reference

6. I certify that the Expenses were incurred when on Official Duty.

Signature of Claimant _____

Date _____

7. Agreed and Approved.

Head of Dept. _____

Date _____

8. Approved for Payment.

Financial Controller _____

Date _____

All Sections to be Completed as Below.

Claimant 1 - 2 - 3 - 4 - 6 - 9

Head of Dept. 7

Audit 5

8

Financial Controller