

TRAVEL EXPENSE CLAIM FORM

Employee Details						
Name		Date				
Band		Designation				
Cell		Location				
Tour (Purpose, attach itinerary, locations, etc.)						
Departure Date		Departure Time				
Arrival Date		Arrival Time				
No. of days of travel						
Particulars of Fare (A)						
Mode of Travel	Class of Travel	Amount (Rs)	Remarks			
	Grand Total					
Particulars of Hotel Accommodation (B)						
No. of days of stay	Place	Bill No.	Amt. in INR			
		Grand Total				
Particulars of Local Conveyance (C)						
Date	From	To	Mode	Amount (Rs)		
			Grand Total			
Particulars of Miscellaneous Expenses (D)						
Particulars		Bill No.	Amt. in INR			
Total						
Total Claim						
Total A	Total B	Total C	Total D	Grand Total	(-) Adv Taken	Balance
Signature of the Employee Date:				Signature of the Approving Authority Name & Designation: Date:		
Note:						
<ul style="list-style-type: none"> All actual expenses must be supported by original bills. If any amount claimed is in excess of the entitlement, the approval from HR Head is required 						