**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY**

**THIRUVANANTHAPURAM**

Name Basic pay Purpose

**TRAVEL EXPENSES CLAIM**

**JOURNEY DETAILS**

|  |  |  |
| --- | --- | --- |
|  | Desig:  Order ref: |  |
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# EMP CODE

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| Started on | Time | Place | Arrival on | Time | Place |
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**RAIL/AIR/ROAD MILEGE**

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| Mode of travel | From | | To | Ticket details |  | Amount Rs |
| Rs |
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|  | | **DAILY ALLOWENCE CLAIM** | CLAIM CLAIM |
| DATE | JOURNEY PERIOD | STAY PERIOD CLAIM DETAILS | AMOUNT APPROVED |

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**AUTO RIKSHA/TAXI CLAIMS**

# DATE FROM TO KM CLAIM

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**OTHER EXPENSES**

DETAILS CLAIM

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| CLAIM | | |
| TOTAL EXPENSES | |  |  |
| ADVANCE RECEIVED | |  |  |

BALANCE DUE/REFUNDABLE

# FOR ACCOUNTS USE:

Details of special approvels required:

TA Claim recommended for Rs. Balance amount due/refundable: Rs.

Checked Recommended

Accounts Officer FA / CAO

Sanctioned

Adm Officer Dy Director (A) MS Director

Accounting instructions: Adjusted in

Vr.No GL CODE Account Name Amount Rs.