## SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY THIRUVANANTHAPURAM

## TRAVEL EXPENSES CLAIM

		EMP CODE								
Name						Desig:				
Basic pay						Order ref	:			
Purpose										
	Started on Time Place Arrival on Time Place									
	2	tarted on	Time	Place		Arrival on	Time	Plac	e	
				RAIL/AIR/ROAI	D MII	FGE				
Mode of tra	vel From			To		Ticket details			Amount Rs	
								Rs		
				DAILY ALLOWI	ENCE	CLAIM		CLAIM	CLAIM	
DATE J	OUF	RNEY PEI	RIOD ST	TAY PERIOD		IM DETAIL	S	AMOUNT	APPROVED	
				AUTO DIZCHA	/TAVI	CLAIMS				
DATE	FROM			AUTO RIKSHA/TAXI CLAIMS TO KM				CLAIM		
DITTE	T KOW			10		IXIVI				
	-									
	+								+	
DETAILS				OTHER EXPENS	ES			CI	A TD 4	
DETAILS CLAIM									AIM	
								CLA	AIM	
			TO	TAL EXPENSES				CLF	31171	
				VANCE RECEIVE	ED					
								,		
			BALA	NCE DUE/REFUNI	DABL	Æ				

DATE SIGNATURE:

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 Dy Director (A) Adm Officer MS Director Accounting instructions: Adjusted in Vr.No GL CODE Account Name Amount Rs.

Ao

Asst

FA / CAO