

SOBHASARIA GROUP OF INSTITUTIONS, SIKAR (RAJ.)

A. TRAVELING AND DAILY ALLOWANCE CLAIM

Date: -.....

1. Name of Employee	
2. Designation	
3. Purpose of Journey	
4. Mode of Conveyance	
5. Date of Journey	
6. Destination	

B.

(A) Journey Details				(B) Daily Allowance			Total (A+B)
S. No.	K.M. of Journey	Rate	Amount	No. of Days	DA Admissible	Amount	
	Toll (if any)						
						Total	

C. Details of Local Conveyance (if any)

S.No.	Mode of Local Conveyance	Distance in K.M.	Fair Paid	
				Total

D. Details of Hotel Expenses (if any)

S.No.	Name & City of Hotel	Days of Stay	Rate	Amount
			Total	

E. Other Expenses (if any)	
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Grand Total (A+B+C+D+E)	
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Claimed Amount	
Sanctioned Amount	

Signature of Applicant

Checked by

Approved by