UTTAR PRADESH STATE AIDS CONTROL SOCIETY, LUCKNOW

TRAVEL EXPENSES STATEMENT

Journey & Expenditure Details

Name of Claimant:	Destination:
Department of Employment:	Purpose of visit:
Basic Pay (NPA for PMHS Officers	Period of Travel:
Account Head -	

Distance in K.M. from Home /Office to Bus /Railway Station _____Kms.

Starting Point	Starting Time & Date	Destination	Distance Covered (K.M.)	Date & Time of Arrival	Mode of Travel & Class	Claimed Expenditure
Hotel Bills:						
AMOUNT Rs.						

Claimed Net Amount In Words Rs.
I certify that the journeys have been performed in the Society's Interest.
Distances and Fares charged are correct to the Society's interest.
Claims have been charged for the first time & never before.
I have claimed for the same class for which the journeys actually have been made, whichever is less.
Amount claimed for travel by car/jeep is per the provisions of Govt. U.P. Govt. T. A. rules.

Please transfer the payable amount in my below mentioned Bank Account:-	
Bank Name & Branch	
Bank Account No.	
IFSC Code	
Signature:	Journey Verified by:
Name of Claimant	Passed for Rs.:
Designation	Payment Checked by:
Date:	Approved by:
Address for Correspondence: (Please Mention Your Full Address In CAPITAL LETTERS) Mr. / Mrs…… …… Telephone No. (With STD Code)……	RECEIPT Received Rs_____ Signature: …….. Date : _ _ / _ _ / _ _ _ _