|  |
| --- |
| **JAYPEE UNIVERSITY OF INFORMATION TECHNOLOGY,WAKNAGHAT,SOLAN, HIMACHAL PRADESH -173 234*****TRAVELLING EXPENSES BILL*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Departure Date**  |  | **Arrival Date**  |  | **Bill Sub. Date**  |  |
| **Name**  |  | **Grade**  |  | **Employee Code**  |  |
| **Department** |  | **Designation** |  |
| **Purpose of Visit**  |  | **Place of visit** |  |

**(A) FARE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNo** | **Place of Depart.** | **Date:Time** | **Place of Arr.** | **Date : Time** | **Mode of Travel** | **Amount** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total (A) ₹** | **0.00** |

**(B) HOTEL /LODGING WITH BILL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNo** | **Place of Stay** | **From Date** | **To Date** | **No. of days** | **Bill No. & Date** | **Amount** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total (B) ₹** | 0.00 |

**(C) BOARDING / OTHERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SNo** | **From Date** | **To Date** | **No. of days** | **Bill No. / Entitlement** | **Amount** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total (C) ₹** | **0.00** |

|  |  |
| --- | --- |
| **Grand Total (A to C) ₹** | **0.00** |
|  | Journey verified | Approved by | Advance taken **₹**(**If any)** | 0.00 |
| Signature of Claimant | Signature ofVerifying Authority (HOD) | HR Head | Balance **₹** | **0.00** |

**Note: This bill form is to be supported by Original Bills/Tickets, verified by the Claimant.**

**For Accounts Use:**

|  |  |  |  |
| --- | --- | --- | --- |
| Bill Passed For | **₹** | Approved by**Signature with Name** |  |
| Checked & Passed BySignature with Name |  | **Date:** |  |