



Reimbursement of Conveyance Bill (Local)

1. Name:- _____
2. Designation & Deptt/ Section _____
3. Address:-(as per office records) _____
4. Pay Level:- _____
Purpose of _____
5. Journey:- _____
6. Prior Approval for Journey by the Competent Authority- YES/ NO -
7. Particulars of Journey:-

From	To	No. of KMs.	Mode of Travel Taxi/Auto/ Bus	Rate	Total Amount	
					Rs.	P.

Net Claim:- _____

- ❖ Certified that the rates claimed are as per the Govt of NCT, Delhi/ concerned state govt.
- ❖ Recovery can be made, if during later stage any objection or instructions for doing so is raised by the Audit or any wrongful claim is detected.
- ❖ Certified that all rows are duly-filled.

Signature
Name:-

Forwarded & Recommended for payment

(Signature and Stamp of the HOD/HOC/HOC/PI/SO)