# BILL FOR REIMBURSEMENT OF CONVEYANCE CHARGES

Name of the Employee: **Shri / Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Designation: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Pay: **` \_\_\_\_\_\_\_\_00 + Allowances**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  Departure |  Arrival |  |  |  |  |
| Sr. | Date | Time | Place | Time | Place | Purpose | Mode of Journey | Rate | Kms Traveled | Amount Claimed |
| 01 |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| TOTAL | **` 0.00** |

## Certified that

1. I have actually traveled by the conveyance indicated as above. 2. The place(s) visited is/are not connected by Bus, Train or Combination of them.
2. The hiring of other conveyance was essential in public interest due to urgency of work. 4. The conveyance hired was not shared with anybody else.
3. Departmental conveyance was not available for the journey.

Signature of the head of the Division/Section

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation of the employee \_\_

###### Certified that

1. Non-departmental conveyance was available for the journey.
2. Hiring of scooter/taxi use of own conveyance was essential in public interest/due to urgency of work.
3. The total claim of **Shri / Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** admitted for the month of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2024**  including this claim is **` \_\_\_\_\_\_\_\_\_.00** (` **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Only**) is sanctioned.

#### Asstt. Administrative Officer

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passed for payment of ` \_\_\_\_\_\_\_\_\_\_\_\_ (` \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Only\_)

#### Drawing and Disbursing Officer

Received `. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### CERTIFICATE: The necessary entry has been made in Conveyance Register on Page Number \_\_\_\_\_\_\_\_\_ and Entry No. \_\_\_\_\_\_\_\_\_\_

Signature of Clerk with Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_