



**VIDYASAGAR INSTITUTE OF MANAGEMENT, BHOPAL
TOUR CLAIM FORM**

Name:					Design:				
(I) TRAIN / BUS FARE:									
Departure			Arrival			Mode & Class of Travel	Amount	Remarks	
Date	Time	Station	Date	Time	Station				
TOTAL									
(II) CONVEYANCE CHARGES:									
Date		Place		Particular Mode of Travel		Amount		Remarks	
TOTAL									
(III) BOARDING / LODGING (VOUCHER ATTACHED):									
Date		No. of Days/Hrs.	Place/Journey		Amount of Daily Allowance		Amount for Hotel Accommodation		
From	To				Journey	Halt			
TOTAL									
(IV) MISCELLANEOUS EXPENSES:									
Sr. No.	Particulars						Amount		
1									
2									
3									
TOTAL									
Signature of Employee:					Signature of HOD:				
Date:					Date:				
Note : If mode of travel/conveyance, higher than the admissible is used, specific approval of MD is required.									



CLAIM		
To be filled by the individual		For Accounts Department
Particulars	Amount Claimed (Rs.)	
1. Journey Fare		
2. Conveyance Charges		
3. Accommodation Charges		
4. Daily Allowance		
5. Miscellaneous Expenditure		
6. Total (1to5)		7.
8. Less		
9. Advance		
10. Net Claim (6-7)		

Signature of Employee

Checked

Date

Accountant

Verified

Recommended for the payment of
Rs. _____

Passed for the payment

HOD

Additional Director

Authorized Signatory