

National Health Systems Resource Centre

TRAVEL CLAIM FORM FOR OTHER THAN NHSRC PERSONNEL

Name : _____ Designation: _____

Organisation & address: _____

E-mail ID: _____ Mobile No. _____

Purpose of visit: _____

Travel Period: From (Date) _____ To (Date) _____

Date	Particulars					Amount (Rs.)
	From (Place)	To (Place)	Distance in kms	Mode of travel	Vehicle Number	
Total (in words): _____						(in Digits) :- _____

* Original bills/receipts/tickets along with boarding passes (in case of air travel) are counter signed by me & attached.

~ Separate undertaking provided for claim which is not supported with original bill.

^ Travel claim for taxi / own car will be restricted to prevailing rate of RTO / GFR.

Bank account detail is given for the purpose of payment (see overleaf).

Name & Signature of Claimant

Approved by

Verified by

Budget Head:

RECEIPT

Received the above payment with thanks from NHSRC.

Date:

Signature of Recipient

Bank account details:

1) Account name:

2) Account No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3) Bank Name:

4) IFS Code:

5) Branch address:

.....