

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA
INDRAPRASTHA MARG, NEW DELHI-110002

Name _____ Section/Department _____

Designation _____ Emp. Code No. _____ Bank Account No. _____

| Date | Journey Details | Mode of Transport | Time of Arr/Dep. | Purpose | Approx. Distance | Amount Claimed (Rs.) |
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| TOTAL | | | | | | |

Signature of the Employee

Certified that Shri _____ has traveled on my authority for the purpose mentioned above. This bill may be passed as per applicable rates for _____ k.m. traveled by him. Time of arrival/departure to/from office has been verified from the attendance report and found correct.

Assistant Secretary/Dy. Secretary

Head of Department (HOD)

Details of Rates applicable for Conveyance

Auto upto the level of Sr. E.O.

Taxi
Asstt. Secy./Asstt. Director

During office hours till 9.30 p.m.

Rs. 3.50 per k.m.

Rs. 7.00 per k.m.

After 9.30 p.m. to 6 a.m.

Rs. 5.00 per k.m.

Rs. 10.00 per k.m.

Peon one side by auto & one side by bus

- Note (i) Claim for early coming between 6.00 a.m. to 8.00 a.m. to be at the rates applicable during office hours.
- (ii) In case peon claims both sides by auto, one designated officer has to justify