## National Health Systems Resource Centre

## TRAVEL CLAIM FORM FOR OTHER THAN NHSRC PERSONNEL

Name : [		Des	Designation:					
Organisatio	on & address:							
E-mail ID: _		Mobile No						
Purpose of	visit:							
Travel Peri	od: From (Date)	To (Date)						
Date	Particulars							
	From (Place)	To (Place)	Distance in kms	Mode of travel	Vehicle Number	Amount (Rs.)		
Total (in wa								
Total (in wo	nus): 				(in Digits) :-			
	/receipts/tickets along with dertaking provided for clai				signed by me &	attached.		

^ 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:

## <u>RECEIPT</u>

Received the above payment with thanks from NHSRC.

Date:

Bank account details:

1) Account name:										
2) Account No.:										
3) Bank Name:										
4) IFS Code:										
5) Branch address:										
						•••••				

Signature of claimant