

## National Health System Resource Centre

Travel Plan Approval Sheet

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Period of travel: Date (from) \_\_\_\_\_ (to) \_\_\_\_\_ No. of days \_\_\_\_\_

Purpose of travel: \_\_\_\_\_  
\_\_\_\_\_

Budget Head: \_\_\_\_\_

Travel date	Place	Mode of travel	Approximate expenditure (Rs.)		Remark (if any)
			Travel cost	Boarding/lodging	

Estimated expenditure to be incurred by consultant Rs. \_\_\_\_\_

Previous advance (if any): \_\_\_\_\_

Advance requested (if any): Rs. \_\_\_\_\_

Specific approval need for (if any): \_\_\_\_\_  
\_\_\_\_\_

Submitted for approval please.

Signature \_\_\_\_\_

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

Approved By \_\_\_\_\_  
\_\_\_\_\_

Remark by Admn/Accounts (if any): \_\_\_\_\_