

## WCCL Travel Authorization and Claim Form

### TRAVEL CLAIM FORM

Name:					Department:					
Designation:					Travel authorization:					
Grade:					Travel authorization Date:					
Travel Register Folio No:										
Date	Place		Time		Daily	Mileage	Bus/Train/ Airfare	Actual Expenses	Total	Remarks.
	From	To	Departure	Arrival	Allowance Nu.	Nu.	Nu.			
<b>Advance Taken</b>			<b>: Nu.</b>							
<b>Amount Claimed/refunded</b>			<b>: Nu.</b>							
I hereby certify that the travel was performed by me for official purpose and the claims are genuine.										
Date:							<b>Signature of Employee.</b>			
I hereby certify that the travel was authorized by me for official purpose and the claims appear genuine and reasonable.										
Date:					<b>Signature of Immediate Supervisor</b>					

# Travel Authorization Form

Name :  
Designation

Grade :  
Department

From			To		Halt at	
Station	Date	Mode of Travel	Station	Date		Purpose
Estimated Travelling expenses:				Advance required:		
Date:						

As per our records a sum of Nu. .... is outstanding against the official as on ..... against travel advance.

Accounts Division

Employee's Signature

Sanctioning Authority Name and Designation