

**RAJIV GANTHI NATIONAL INSTITUTE OF YOUTH DEVELOPMENT
SRIPERUMBUDUR**

LOCAL CONVEYANCE

NAME :

DESIGNATION

PAY : Rs. _____

Date & Time	Place Visited		Mode of Journey	Kms	Actual Fare	Purpose of Journey
	From	To				

(Rupees _____)

Certified that I actually spent the amount claimed in bill in respect of the journeys indicated above in connection with official work. Certified that the staff car was not available /used.

Signature of the approving officer

Signature of Claimant

(for use in Finance & Accounts Division)

Debit: Conveyance Expenses A/c Passed for payment of Rs. _____

Accounts Officer

Received Rs _____ (Rupees _____)

_____) as per details above.

Signature