CENTRAL UNIVERSITY OF RAJASTHAN

NH-8, Bandarsindri, Dist-Ajmer, Rajasthan [INDIA]

Claim for Local Conveyance Expenses
(This is for University employees only.)

For the month: _____

Name of Employee: _____ Designation: _____

Ref. No. _____ Department: _____

Date	Place Visited		Mode of Journey (Bus / Tempu / Scooter)	Distance in Kms.	@ Rate	Claim Amount	Purpose
	From	To					
Total							

Signature of Employee with Date

For approval please:

Signature of Appropriate Authority:	