NETAJI SUBHAS INSTITUTUE OF TECHNOLOGY
AZAD HIND FAUJ MARG, SEC-3,
DWARKA, NEW DELHI-110078

CONVEYANCE CHARGES CLAIM FORM

Name of the Officer / Official :_____
Designation :_____
Department :_____
Pay Scale :_____

S.No	Date	Mode of Conveyance	Purpose	Distance Covered			Claim	
				From	To	Km	Rate	Amount

Certificate (Tick whichever is applicable) :-

1. It is certified that the journey was performed with prior permission of the competent authority.
2. The amount claimed has actually been incurred on conveyance.
3. The said amount has not been claimed earlier.
4. It was essential to hire scooter / cab in public interest.
5. No Govt. / Institute vehicle was available at the time of performance of journey.
6. Journey has been performed in the Institute's interest.
7. Journey has been performed by my own vehicle bearing no ……

Date:_____ Signature:_____

……..
Journey Verified

Section Incharge _____

H.O.O
……

For Office Use:

Entered at S.NO._____ page No. _____ of Conveyance Register
Checked By _____ ( )
Sanctioned Amount :_____

(Head Of Office)