**GEETHANJALI COLLEGE OF ENGINEERING &TECHNOLOGY**

**Local Travel Expenses – Reimbursement claim Date:**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept\_\_\_\_\_\_\_\_\_\_\_ Employee Code\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.No | Date &Time | \*Travel Particulars | | Distance  (KM) | Purpose | \*\*Mode of transport | Amount(Rs.) | Remarks |
| From | To |
|  |  |  |  |  |  |  |  |  |

\*Attach copy of OD approval form

\*\*incase personal vehicle is used indicate type & Reg. No

Claimant

To Recommended by Approved by

Accounts Officer HOD Principal