

Institute of Hotel Management Catering and Nutrition, Pusa , New Delhi

TOUR CLAIM FORM

Name		Designation	
Department		Head Quarter	
Date of submission		Pay on Pay Band & Grade pay	
Place of Visit		Tour Programme approved by (Attach copy)	
Purpose of visit		Tour report approved by (Attach Copy)	

A	Claim for Travel (Tickets to be attached)				
	Places traveled		Mode of Travel Air/Rail/ Road	Class	Ticket No./ PNR No.
From (with date & time)	To (with date & time)				
1					
2					
3					
4					

B	Claim for Stay					
	Date	Place	Hotel/ G.House	Bill No./ Receipt No.	Period of stay	Amount claimed (Rupees)
1						
2						
3						
	Total					

C Claim for local conveyance at tour stations							
	Date	Places traveled		Purpose	Mode of travel	Distance in km	Amount claimed
		From	To				
1							
2							
3							
4							
5							
Total							

D Claim for Daily Allowances				
	Date		Place for which DA claimed	Amount claimed (Rs.)
	From	To		
1				
2				
3				
4				
5				
Total				

E Claim for Honorarium (in case of external experts only)				
	Date	Purpose	PAN No. (Copy to be attached)	Amount claimed (Rs.)
1				
2				
3				
Total				

Signature of the official