

## Travelling Allowances Bill for Tour

**PSM PUBLIC SCHOOL Anand Nagar Maharajganj 273155**

Employee Name:		Employee ID:		Designation:		Department:	
----------------	--	--------------	--	--------------	--	-------------	--

S No	From		To		Purpose	Kms	Mode of Travel	Expenses				Total
	Place	Date	Place	Date				Transport	Food	Accommodation	(Others)	
1												
2												
3												
4												
											<b>Total Charges</b>	
											<b>Cash Advance</b>	
											<b>TOTAL REIMBURSEMENT AMOUNT</b>	

(amount in words)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Verified By

\_\_\_\_\_  
Approved By