

Hamdard Institute of Medical Sciences & Research

Hamdard Nagar, New Delhi – 110062

LOCAL CONVEYANCE BILL

Dated

I have incurred the following expenditure for official work on..... I certify that I have used the conveyance for which the claim pertains to.

Conveyance		Mode of conveyance	Details of work carried	Amount	
From	To		Purpose of visit	Rs.	P.

Bill is in order and may be passed for payment.

Total Rs.....

Dept. Incharge.....

Signature..... Dept.....

Passed for Rs.....

Head Finance.....

Received with thanks form the HIMSR, New Delhi – 110062

a sum of Rs.....only in full and final payment of my above conveyance bill.

Signature

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