



HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH HAHC HOSPITAL
GURU RAVIDAS MARG, NEW DELHI-110062

TRAVELLING EXPENSE REIMBURSEMENT CLAIM FORM

Name of Employee:	Employee ID:
Designation:	Department:
Mobile No.:	Mode of Travel((Road/Bus/Rail/Air):

Details of Travel Undertaken

S. No.	Date	Purpose of Visit	From	To	Distance (Km)	Amount Claimed (₹)	Supporting Document Attached (Yes/No)

Declaration by Claimant

I hereby certify that the above-mentioned journeys were undertaken by me for official purposes and that the information furnished above is true and correct to the best of my knowledge. The expenses claimed have actually been incurred by me and have not been claimed previously.

Date: _____

Signature of Claimant: _____

Name: _____

Counter Signature of the Controlling Officer

Signature: _____

Finance/Accounts Section

Verified By: _____

Date: _____

Enclosures

1. Travel tickets/boarding passes, wherever applicable.
2. Taxi/Bus receipts, wherever applicable.
3. Any other supporting documents relevant to the claim.