



NATIONAL CENTER FOR HYDROLOGY AND METEOROLOGY



TRAVEL AUHORISATION FROM

Name of employee:

Number:

Position Title:

Position Level:

Date:

From		To		Mode of travel	Halt At	Purpose
Station	Date	Station	Date			

Estimated Travelling Expenses:

Tr. Advance outstanding

Advance of Nu.

Advance required:

Since (date)

Sanctioned/Recommended.

(Signature of employee)

(Signature & Seal, Head of Finance)

(Signature & Seal, Controlling Officer)

Date

Date

Date



NATIONAL CENTER FOR HYDROLOGY AND METEOROLOGY

TRAVEL ALLOWANCE CLAIM FORM



Name of Employee

Position Title

Position Level

Number

Departure	Departure		Arrival			Daily Allowances	Mileage Nu.	Bus/Train/ Air Fare	Actual Expenses	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station						

Advance Taken:
Amount Claimed for payment/refund

Certified that the travel was performed by me for official purposes and the claims are genuine.

Date & Signature of Employee

Certified that the travel was authorised by me for official purposes and the claims are genuine and reasonable .

Date & Signature of controlling Officer