

NATIONAL INSTITUTE OF MEDICAL STATISTICS  
NEW DELHI

Claim for reimbursement of Conveyance expenses

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Date	Nature of Duty	Mode of conveyance	Distance covered In Kms.	conveyance Expenses Actually Incurred
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(1) Outward journey  
Approximate time

(2) From \_\_\_\_\_ Scooter  
To \_\_\_\_\_ Auto Rickshaw  
DTC Bus

(3) Inward journey  
Approximate time

(4) From \_\_\_\_\_  
To \_\_\_\_\_

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Certified That

- 1) Actually utilized and paid for the conveyance for which the claim had been Preferred
- 2) I have not received the above claim previously
- 3) The Institute car was not available
- 4) I have not drawn more than Rs. 150 as conveyance charge during this month Including this claim

Signature of Claimant  
Name & Designation \_\_\_\_\_  
\_\_\_\_\_

Section/Div/Unit  
To which attached \_\_\_\_\_

Certified that

Shri \_\_\_\_\_ was deputed to  
\_\_\_\_\_ to \_\_\_\_\_ under my order

The hiring of scooter/taxi was urgent and necessary in the public interest on the  
Outward/inward journey

Signature \_\_\_\_\_  
Designation  
Of officer

Account section for relating to taxi/scooter charge

Account Officer

Account Section of claim relating to taxi/scooter charges

Checked , may be submitted for Rs. \_\_\_\_\_

Account Officer

Signature of Controlling Officer  
For taxi/scooter charges

The certificate should be signed by the Divisional Head in case the claim is for taxi/scooter  
charges in other cases it may be signed by the section Officer

Pay Rs. \_\_\_\_\_

Drawing and Disbursing officer

Cash Section