

ANNEXURE

FORM FOR REIMBURSEMENT OF CONVEYANCE CHARGES

Name Designation month Basic pay
Rs..... Dispensary

| Sr. No. | Date | From | To | Purpose of Conveyance | Mode of Journey | Distance in Kms. | Amount Spent |
|------------|------|------|----|--------------------------|--------------------|---------------------|-----------------|
|------------|------|------|----|--------------------------|--------------------|---------------------|-----------------|

Restricted to Rs.150/-

Total :

Certified that

- i) Prior permission of the competent authority has been obtained.
- ii) The journey was performed in public interest/due to urgency of work.
- iii) The staff car was not available on these dates for journey.

Journey verified

Incharge of dispensary/Section/Unit

Signature of Govt. Servant