Mobile Expense Claim Form

Date:	
Name:	
Employee No:	
Function:	
Designation:	
Mobile Number:	

Claim Details:

Bill Dated (From – To):	
Bill Amount (INR):	
Reimbursable Amount (INR):	

Claimed By	**Checked By**
Approved By	**Settled By**

Note:
Bill amount up to the applicable limit does not require any approval.
Bill amount in excess of the applicable limit shall be borne by the employee

CSC e-GOVERNANCE SERVICES INDIA LIMITED

Travel Expense Statement

State:					**Date:**		
Emp Code:					**Project Code:**		
Emp Name:					**Tour Purpose:**		
Designation					**Tour Period:**		

Description	Date	Place from	Place To	Mode	Km	Fare	Conveyance	Accommodation	DA	Meals	Others	TOTAL
								-	-		-	-
								-	-	-	-	-
Total												

Emp Signature		***Biils (wherever applicable) to be attached with the Statement.***	**Advances**	
			Cash Advance	Rs -
			Fare/ Ticket booked by Office	
Approved By	**Name of the Approving Authority**		Vehicle Hire booked by Office	
Approving Authority Signature			Accomdtn Exp. paid by Office	
			Other Exp. paid by Office	
			TOTAL	**Rs**

Notes (if Any):