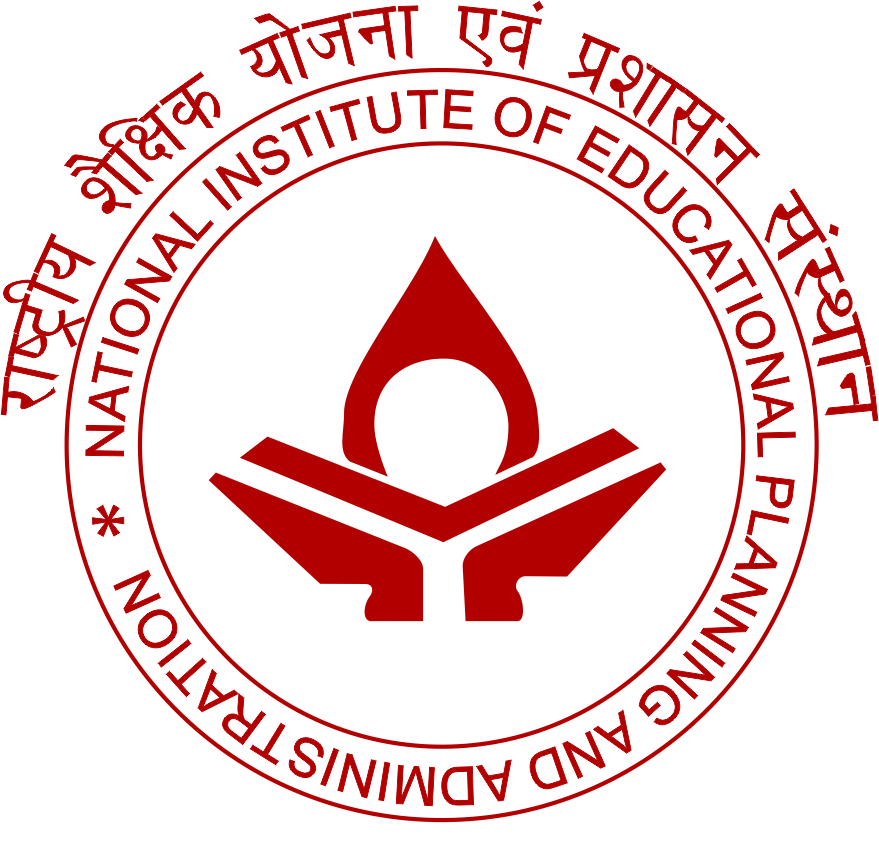
****

**NATIONAL INSTITUTE OF EDUCATIONAL PLANNING AND ADMINISTRATION**

**17-b, Sri Aurobindo Marg, New Delhi – 110 016**

**Reimbursement of (Conveyance Bill – Local)**

1. Name: ……..…………………………………………………………………………………………..………………..
2. Address: ……..…………………………………………………………………………………………..………………..

……..…………………………………………………………………………………………..………………..

……..…………………………………………………………………………………………..………………..

1. Grade Pay ……..…………………………………………………………………………………………..………………..
2. Purpose ……..…………………………………………………………………………………………..………………..

of Journey

1. Particulars of Journey

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **From** | **To** | **No. of KMS** | **Mode of Travel Taxi/Scooter** | **Rate Per KM.** | | **Total Amount** | |
| **Rs.** | **P.** | **Rs.** | **P.** |
|  |  |  |  |  |  |  |  |

Net Claim ………………………

…………………………………

Signature

(Name ……………………………………………

Designation ……………………………………

(in Block Letters)