

Annexure II

INTERNATIONAL TRAVEL REQUISITION CUM AUTHORIZATION FORM

Date:	Location:	TOTAL ESTIMATED COST	
		Air	\$ INR
Name:	Designation :	Hotel (per day)	\$ INR
		Transport (per day)	\$ INR
	Grade :	Meals (per day)	\$ INR
Department :		Other	\$ INR
Purpose of Trip:		Total	\$ INR

Travel Details

Day	Date	Departure	Arrival	From	To	Mode of Travel	Total Amount

ACCOMMODATION

Arrival Date	Time	Dep. Date	Time	Location	Type of accommodation	Eligibility	Total Amount

Total Advance INR : _____

Requester Signature

HOD signature

Approval of Executive Chairman

Note - A copy of this form will be forwarded to the Accounts department for the advance claim while the original will be with the Admin Dept.

Annexure III



INTERNATIONAL TRAVEL EXPENSE REIMBURSEMENT FORM (PAGE -01 OF 02)

Name of the Employee: _____

Department : _____

Designation : _____

Travel dates
From: _____ to: _____

Place/s visited: _____

Purpose of trip: _____

SUMMARY OF EXPENSES

Transportation

Date	Time	Starting Place	Destination	Voucher # (as attached)	Amount	Conversion Rate	Total(INR)
					USD		
DOMESTIC							
INTERNATIONAL							
Total							

	INTERNATIONAL TRAVEL EXPENSE REIMBURSEMENT FORM	(PAGE -02 OF 02)
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Hotel & Other Expenses

Date		Place of Visit	Description of expense		Amount		
From	To		Stay/food	Bill no. & date	USD	Conversion Rate	Total(INR)
DOMESTIC							
INTERNATIONAL							
Total							

Bett Allowance :		From	To	Total no of days	US\$		INR

Cash Summary	Advance	
	Less: Cash expense	
	Balance due to Company/Self	

Signature of Employee	Approved by HOD	Admin
Dated:		

- Pls note:**
1. All travel settlements to be done with-in seven days of the trip.
 2. Please attach all supports (invoices, tickets, boarding cards, receipts)
 3. Please attach Travel Approval
 4. For claiming Entertainment & Business expenses, names of the persons present must be provided.