



CLAIM FORM  
FOR SUBSISTENCE ALLOWANCE, MEAL ALLOWANCE AND MILEAGE ALLOWANCE

Name: \_\_\_\_\_ Miles Traveled: \_\_\_\_\_

Office: \_\_\_\_\_ Time Spent Away From Station: \_\_\_\_\_

Station: \_\_\_\_\_ Means of Conveyance Used (Vehicle No.): \_\_\_\_\_

Salary: \_\_\_\_\_ Nature of Official Duties Performed: \_\_\_\_\_

Date & Time of Station: \_\_\_\_\_

Places Visited (en route). If Any: \_\_\_\_\_ Number Hours/Days Claimed: \_\_\_\_\_

Rate of Subsistence/Mileage/Meal Allowance: \_\_\_\_\_

Final Destination: \_\_\_\_\_ Incidental Expenses, If Any: \_\_\_\_\_

Date & Time of Return to Station: \_\_\_\_\_

TOTAL AMOUNT CLAIMED: \_\_\_\_\_  
(Show Mileage, Subsistence and Meal Allowance and Other Expenses Separately)

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_ Signature \_\_\_\_\_ (Designation)

(Signature & Designation Claimant)