

EXPENSE CLAIM FORM

Date of Application: _____

Name		Adhaar No	
Position		Amount	
Mandram Name	Veerathirumagan Sundharalingam Ilaingar Mandram	Location	

Taken Over to: _____

Sr. No.	PARTICULARS	AMOUNT Rs.	
1.	Traveling Cost (Attach Tickets)		
2.	Freight (Attach Bills)		
3.	Packing/Loading & Unloading (Attach Bills)		
4.	Settling Allowance		
5.	Vehicle Transportation (Attach Bills)		
TOTAL :			
ATTACH THE COPY OF TRANSFER LETTER AND APPROVAL OF ESTIMATE			

Member's Signature
