

SUBMITTED BY
 HEAD QUARTER

EXPENSE REPORT

FROM TO

DAY	DATE	STATION	HQ/EX	KM X 2	FARE	ALLOWANCE	MISC EXP	DAILY TOTAL
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

NO OF WORKING DAYS
 NO OF HOLIDAYS
 NO OF DAYS WORKED AT HQ
 NO OF DAYS WORKED AT EX

TOTAL EXPENSE

All vouchers/ bills to be attached alongwith.
 To be submitted within 7th of Next Month.
 I certify that all the expensed incurred as aboved
 were on behalf of the company.

For Office Use Only.

 Verified by Approved by

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 Signature of PSO Signature of Manager