

**REGIONAL RESOURCE CENTRE FOR NE STATES**

Ministry of Health & Family Welfare, Govt. of India

Assam Medical Council Bhawan, G.S. Road

Khanapara, Guwahati – 22

**Approval of Tour, Travel Advance and Requisition for Air/Railway Ticket & Car**

Name : ..... Designation: .....

Period of visit:..... Destination:-.....

Purpose : .....

.....

**A. Requisition for Ticket / Car**

From	To	Date & time of Journey	Mode of Travel	Flight / Train No./Type of Car	Remarks

The Air/Railway tickets and / or Car as per above details may be arranged by Office.

**B. Travel Advance**

An advance of Rs. .... (Rupees ..... only)

may be paid by Cash / Cheque under the following heads –

Fare :- Rs.....

Accommodation & Food :- Rs.....

Local Conveyance :- Rs. ....

Total Rs.....

Details of previous advance:

Date:..... Amount: Rs.....

Bill submitted/settled on: ..... Amount due to/from Office: Rs.....

Requisition by : Approved by :

Signature : Signature :

Name & Designation : Designation :

Date : Date :

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**Acknowledgement**

Received Rs. .... (Rupees ..... only)

vide Cash / Cheque No. .... dated ..... as travel advance.

Signature:

Date :