

Hamdard Institute of Medical Sciences & Research

Hamdard Nagar, New Delhi – 110062

LOCAL CONVEYANCE BILL

Dated

Mr. /Ms.....have incurred the following expenditure for official work on.....
I certify that I have used the conveyance for which the claim pertains to.

Conveyance		Mode of conveyance	Details of work carried	Amount	
From	To		Purpose of visit	Rs.	P.

Signature of claimant.....

Bill is in order and may be passed for payment.

Total Rs.....

Signature of Dept. In-charge.....

Passed for Rs.....

Dept.....

Received with thanks form the HIMSR, New Delhi – 110062

A sum of Rs.....only, in cash full and final payment of my above conveyance bill.

Signature

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