

Aryavart Bank Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow. (AN UNDERTAKING OF GOVT OF INDIA, U.P. GOVT. & BANK OF INDIA)

Ref. Circular Nos. HO/PERS&IL/AKV-01/94 Dated 01-04-2019

DECLARATION	/ CLAIM FORM F	OR PAYMENT O	F NEWSPAPER	ENTER	TAIN	MENT EXPENSES 8	FIXED CON	VEYAN	NCE ALLOWANCE	
From:				To,						
Name					The General Manager / The Regional Manager					
Designation					The Chief Manager / The Branch Manager					
Branch/Office					Personnel Dept., Head Office /					
Distt					Region/					
P.F. No		Branch								
Dear Sir,	2.0.									
	~~~~~~~~		~~~~~~~~~	~~~~~	~~~~	~~~~~~~~		~~		
I hereb	y declare that I h	nave incurred ex	penses for the	followin	ng pu	rpose as detailed	herein belov	V:-		
Head of expenses			Entitlement per month*			the period	Eligible Am	ble Amount Total Amount		
					(Quarter) pe		per month	er month ()		
Newspaper										
Entertainment						$\Box$				
	Fixed Conveyance:									
Type of			Liters							
Vehicle	le No. Acquisition		Per month							
TOTAL										
Branch expens	Office, as per the es for the period	e scheme in this mentioned abo	regard. I furthe ve and for jour	er decla neys wi	re tha thin t	for Bank's work at I have not mad the radius ofK	e anv additio	us of : inal cla	10 kms from th aim for travellin	
SI. No.										
1.	IVIO	Month		Type/s of Leave		Total No. of Days		No. of Occasions		
2.					-					
3.					-					
100										
	est you to pay							c	only as per my	
entitlement and		nount to my sa	lary Account	- SB/St	aff (	OD Account No_			with	
Data							Yours fa	ithfully	<b>/.</b> °	
Date:	<u>-</u> -						(Signat	ure)		
								5.		
	nt, please see rev				Full N	Name:				
***************************************			For office	use						
Sanctioned `	(Rupe		only) to Mr./Ms							
Regio	nal Manager/ Ch	(Signature wit ief Manager/Sen	th seal) ior Manager/ B	ranch M	lanag	ger				
Date										