



NATIONAL INSTITUTE OF EDUCATIONAL PLANNING AND ADMINISTRATION  
17-b, Sri Aurobindo Marg, New Delhi – 110 016

Reimbursement of (Conveyance Bill – Local)

1. Name: .....
2. Address: .....  
.....  
.....
3. Grade Pay .....
4. Purpose of Journey .....
5. Particulars of Journey

From	To	No. of KMS	Mode of Travel Taxi/Scooter	Rate Per KM.		Total Amount	
				Rs.	P.	Rs.	P.

Net Claim .....

.....  
Signature

(Name .....

Designation .....  
(in Block Letters)