

TRAVEL REIMBURSEMENT APPLICATION / CLAIM FORM

Name of the candidate : _____

BPCL Application no.: _____

Category (SC/ ST/ PwD): _____

Sub category/ Type of disability: _____

Address for Communication : _____

_____ Pin Code No. _____

Email ID : _____

Mobile No. : _____

To,
DGM (HRD)
Bharat Petroleum Corporation Ltd.
Mumbai-400 001.

Dear Sir,

REIMBURSEMENT OF TRAVEL EXPENSES

I have incurred the following expenditure on Bus/ Rail fare in connection with 'Lateral Hiring at BPCL' on the following date _____. I declare that the distance travelled by me is more than 30 kms. I also declare that I am not claiming any local transportation charges. The details are given below:

Ticket No. _____ Date of Travel : _____

Stations/Bus station Travelled from _____ to _____

Total Inward Journey Exps. Rs. _____

Add : Outward Journey Exps. Rs. _____

Total Amount Claimed Rs. _____

The relevant tickets/copies of tickets are enclosed. A copy of attested passbook/cancelled cheque is also attached. Kindly arrange to reimburse in accordance with your Corporation's Rule.

Yours faithfully,

(FOR OFFICE USE ONLY)
RECEIPT

Received an Amount Rs. _____ (Rupees _____

_____ only) in full and final settlement of my aforesaid claim.

Checked & verified.

(Signature of the Verifying Officer)

(Signature of the Candidate)

Annexure -2 National Electronic Fund Transfer (NEFT) Mandate Form for BPCL's purpose

(Mandate for receiving payments through NEFT from Bharat Petroleum Corp Ltd.)

S.No	Particulars	Details															
1	Vendor Name																
2	Vendor Code																
3	Particulars of Bank Account:- (Attach Self attested and stamped copy of cancelled cheque or Duly Filled latest bank certificate)																
3(a)	Name of the Bank																
3(b)	Name of the Branch																
3(c)	Bank Address																
3(d)	City Name																
3(e)	NEFT IFSC Code																
3(f)	Bank Account No.																

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or lost because of incomplete or incorrect information, We would not hold the company responsible

Date: _____

Name & Signature of Authorized signatory/Candidate

Company Seal (Not Required)

Bank Certificate for BPCL's purpose (NOT TO BE FILLED)

We certify that the details given above are correct as per our records.

Date: _____

Signature of Authorized Official of bank

Official Seal of Bank