

TENTATIVE TOUR PROGRAMME

NAME & DESIGNATION : _____

PAY : _____

PURPOSE OF VISIT : _____

NAME OF THE PROJECT : _____

DETAILS OF THE JOURNEY

FORWARD JOURNEY:

Date & Time	Dep.	Date & Time	Arrival	Mode of Conveyance	Class of Journey	Fare

RETURN JOURNEY :

Date & Time	Dep.	Date & Time	Arrival	Mode of Conveyance	Class of Journey	Fare

ADVANCE REQUIRED :

FARE : _____

LODGING : _____

D.A. : _____

TOTAL : _____

DATE:

TOUR APPROVED

SIGNATURE

CONTROLLING OFFICER/DIRECTOR