**Sikkim Manipal institute of Medical Sciences/Central Referral Hospital/Sikkim Manipal University**

**Application for Travel Reimbursement on Initial Joining:**

Employee Name: Employee Code:

Date of Joining: Designation:

Date: Department:

Business Units: Marital Status:

SUB:- Approval for reimbursement of Travel Expenses towards Initial Joining

Dear Sir/Madam

 I, ---------------------------------------------------------------------------------------- do hereby request you to kindly approve the reimbursement of the expenses incurred towards the travel during my initial joining.

The Details are as follows:-

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| --- | --- | --- | --- | --- | --- |
| Date | From | To | Mode | Class | Amount |
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Looking forward for your kind approval.

 Employee Signature:-

 Full Name:-

|  |  |  |
| --- | --- | --- |
| Entitlement Verification (Human Resource Department) | Approval (HOI/Dean/Registrar) | Payment (Finance Officer) |
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