TRAVEL BILL

Bill No.		**Bill Date**	
Travel Period		**Reference No.**	

ISSUED BY / BILLING DETAILS

Travel Agency / Company Name:			
Address:			
Phone / Email:		**GSTIN (if applicable):**	

TRAVELLER / CUSTOMER DETAILS

Billed To:		**Traveler Name:**	
Contact:		**Purpose of Travel:**	
Billing Address:			

JOURNEY / TRAVEL DETAILS

Sl No.	Travel Date	From	To	Mode	Ticket / Ref.	Fare (₹)
1						
2						
3						
4						
5						
6						

ADDITIONAL TRAVEL EXPENSES

Expense Category	Receipt / Ref.	Amount (₹)
Accommodation / Hotel		
Local Transport / Taxi		
Meals / Daily Allowance		
Parking / Toll / Other		

AMOUNT IN WORDS	**Travel Fare Total**	
	Other Expenses	
	GST / Tax	
	TOTAL BILL	

DECLARATION & AUTHORISATION

Expense Remarks / Reimbursement Notes:

Prepared / Submitted By	Checked / Approved By
Name / Signature / Date	**Name / Signature / Date**

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