

ATAL BIHARI VAJPAYEEINDIAN INSTITUTE OF INFORMATION TECHNOLOGY & MANAGEMENT GWALIOR (M.P.)

LOCAL CONVEYANCE FORM

Name and Designation		•			
DATE	FROM (PLACE)	TO (PLACE)	MODE	PURPOSE	AMOUNT SPENT (Rs.)
				Total Rs.	
Signature of Employee:			Counter Signature:		
Date:			(Cluster Head)		
Received Rs					Only.

Signature (with date)



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