

CLAIM FOR REIMBURSEMENT OF TRAVELLING EXPENSES

To be submitted to OM Charitable Trust

NAME & ADDRESS OF PATHASHALA :

TELEPHONE NUMBER :

TEACHERS WHO CAME WITH THE STUDENTS:	1
	2
NAME OF THE STUDENTS:WHO PARTICIPATED IN THE COMPETITION	3
1	10
2	11
3	12
4	13
5	14
6	15
7	16
8	17
9	18

For Participants from outside Chennai / Local area of competition

	Claimed	Approved
LOCAL CONVEYANCE AT HOME TOWN (ONWARD + RETURN)	Rs.	Rs.
TRAIN OR BUS FARE TO CHENNAI AND BACK (Attcach Ticket copy)	Rs.	Rs.
LOCAL CONVEYANCE AT CHENNAI/ LOCAL AREA (ONLY ONWARD) *Add return local conveyance if applicable	Rs.	Rs.*
TOTAL EXPENSES FOR TRAVEL	Rs.	Rs.

For Participants from Chennai/ Local area of competition

	Claimed	Approved
LOCAL CONVEYANCE AT CHENNAI/ LOCAL AREA	Rs.	Rs.

Date:

Signature