



# Shri Lal Bahadur Shastri Rashtriya Sanskrit Vidyapeeth

(Deemed University)

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Phone : 46060507

46060508

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26520255

## Local Conveyance Form

Name of the Official : .....

Designation : .....

Address : .....

: .....

: .....

Local Travel made from : .....

to .....

Date : .....

Mode of Travel : .....

Purpose : .....

Amount Claimed Rs. ....

.....  
(Signature of the Claimant)

Certified that the above journey was performed for official purpose.

Sanctioned the above travel (Head of the Section)

.....  
Registrar/Vice Chancellor (For official use)

Passed for payment of Rs. .... (Rupees .....  
.....only) to Shri / Smt. ....

(Accounts Clerk) (S.O. Accts.) (A.R. Accts. I/II)

Please pay Rs..... (Rupees .....only) to Shri/Smt.....

(Accounts Clerk) (S.O. Accts.) (A.R. Accts. I/II)

Received Rs.....(Rupees..... only)

Only applicable to Vidyapeeth employees (Signature of the Payee)