

DATE

DAIE D D W	
A. PERSONAL INFORMATION	
Name	
Address	
CID/TPN/WP#	
Contact #	
Destination	
B. PURPOSE OF THE INR CASH EXCHANGE (Tick Where Applicable)	
	. Medical Travel   3. Education Travel   4. Official/Business Travel
•	. Freight Charge
i. FOR MEDICAL & E	DUCATION TRAVEL
Name of the Institution	
ii. FOR OFFICIAL/BU	SINESS TRAVEL & LABOUR PAYMENT
	SINESS TRAVEL & LABOUR FATIMENT
Employer/Organisation	
Employer CID/TPN #	
No. of Travel Days	
Labour WP #	
iii. FOR FREIGHT CHARGE & TOLL TAX	
LC # (if applicable)	
Commodity Description	
No. of Vehicles	Bhutanese Trucks: Indian Trucks:
THE ST TELLES	
iv. FOR TOUR PACK	AGE
Invoice #	
Invoice Date	
No. of Passenger	
C. AMOUNT DETAILS	
Amount (in figures)	
Amount (in words)	
Mode of exchange	e-payment
Journal/Deposit Slip No.	o paymont
Coarrian Dopoolt Onp 140.	

## D. UNDERTAKING

I, hereby, undertake that the INR Cash exchange applied is solely for legitimate purpose stated above and all the statement and declaration made herein are true to the best of my knowledge and belief. I understand and agree that I will be held liable for any non-compliance of the rules and regulations in vogue in the event I misuse the INR cash facility availed. I have submitted the necessary documents required as per the FERR & FEOG.