

Date-10/06/2024

To  
The Principal,  
Shreyash Institute of Pharmacy,  
Aurangabad.

Subject: - Regarding Local Conveyance.

Respected Sir,

With the reference to the subject cited above. I request you to provide me local conveyance as per distance I travelled the details are like.

Sr. No.	Date	From	To	Reason	Amount
1	08/06/24	Shreyash Institute of Pharmacy.	D. Betu. Ro. Office.	Exam Stationary and Exam Answer sheet.	70/-
2					

Please provide me the amount of Rs. 70/-..... As a Local Conveyance.  
Thanking you.

Yours Faithfully



(Name:-..Mr. Shivesh G. Daspute

Rs. 70/- approved



18/06/24