QUARTERLY COMMISSION CLAIM FORM

To

Director / Manager (Finance and Accounts) Pushpa Gujral Science City Kapurthala

| | Kapurthala | | | | | | | | |
|------------------|--------------|-----------------------------|---------------------------------------|-----------|---------------|-------------|----------------------------------|----------|---------|
| Subject: Quarter | | | ly Claim of Commission. | | | | | | |
| Dear S | Sir, | | | | | | | | |
| Kindly | find be | llow the due | e claim for | the comr | nission for t | he period _ | | : | |
| Date | 1 | Package | | D | ackage + Boa | ting | (Amount in Rs.) Any other Combo* | | |
| Date | Adult | Student / | Family | Adult | Student / | Family | Rate | Visitors | Remarks |
| | | Children | , , , , , , , , , , , , , , , , , , , | | Children | | | | |
| lates | | | | | | | | | |
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| otal | | | | | | | | | |
| isitors | | | | | | | | | |
| arning | | | | | | | | | |
| | | | | | | | | | |
| otal Earning | | | | | | | | | |
| Commission @ 10% | | | | | | | | | |
| With the | permiss | ion of Pushp | a Gujral Sci | ence City | | | | | |
| Please | , reimbu | rse the abov | ve claim as | soon as p | oossible. | | | | |
| | | Yours sincerely | | | | | | | |
| | | | | | oany seal / s | stamp | | | |
| 1st Quar | rter April - | submitted by – June: Submi | t by July 7 | | lows: | | | | |

- 2nd Quarter July September: Submit by October 7
- 3rd Quarter October December: Submit by January 7
- 4th Quarter January March: Submit by April 7

This claim form to be submitted as bill on your letterhead to Director, Pushpa Gujral Science City, Kapurthala.