

## TADA Summary For the Month Of \_\_\_\_\_

Employee Name \_\_\_\_\_

Department & Designation \_\_\_\_\_

STAR HRSG ID: \_\_\_\_\_

Date Of Submission (to be filled by HC Executive) \_\_\_\_\_

Sno.	From (Date)	To (Date)	From(City)	To (City)	No. Of days	Reason	Supervisor Opinion
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
<b>Total</b>							

Supervisor Signature \_\_\_\_\_

Financial Approver Signature \_\_\_\_\_

Supervisor ID \_\_\_\_\_

Financial Approver ID \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Documents To Be Attached**

BTL's		Exceptional for accomodations & Tickets (if Required)		Bills for accomodation and ticket	
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