

Shri G.S. Institute of Technology and Science, Indore-3

Travelling Allowance Bill

Date :

1. Name _____ Designation _____ Grade: A, B, C, D _____
2. Advance drawn (if any) Rs. _____ Dated _____ Basic Pay Rs. _____
3. Head of Accounts _____ Purpose _____

Departure			Arrival			Mode of Journey			Actual Fare
Date	Station	Time	Date	Station	Time	Vehicle	Class	Distance in Km.	Paid in Rupees
(A)									
Total Rs.									

Block for allowances as under : (1-2-3-4)

Rate of Daily Allowance Admissible in Rs. _____/-

(1) Head Quarter Allowance			(2) Halts and Journey Allowance			(3) Special Halt Allowance			(4) Grand Total Rs.
Date	Exact	Rs.	Duration Dt. & Hr.	Exact	Rs.	Date	Exact	Rs.	(1+2+3) Rs.
(B)									
Total Rs.									

(C) Total of (A) Rs. _____ + (B) Rs. _____ Grand Total = _____

Applicant Signature _____

H.O.D. Recommendation for payment

Claim preferred for Rs. _____ Recommended _____ Signature of H.O.D. _____

Certified that :

- The fare charged here in above has actually been paid by me the ticket Nos. are _____
- No staff Car, Official Vehicle is used for transport to the Bus-stand/Rly. station/Airport or Vice-Versa.
- The timings for departure and arrival given here in are true and as per scheduled time table to the best of my knowledge and belief.
- The claim is putup first time.
- Journey travels by sharter root.
- T.A. Claim as per entitlement.

Applicant Signature _____

Claim entertained and bill passed for Rs. _____/-

INTERNAL AUDITOR

FINANCE OFFICER

DIRECTOR

Received Rs. _____/- (Rupees _____ only as above.

Dated : _____

Signature _____