# THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA

| Name | Designation | Department | Basic Pay | Headquarter | Chargeable Head |
|---|---|---|---|---|---|
| | | | | | |

## PARTICULARS OF JOURNEY

| S.N. | DEPARTURE | | | ARRIVAL | | | MODE OF CONVE-YANCE | A<br>KM TRVELLED IF JOURNEY BY MEANS OTHER THAN BUS/RAIL | | | B<br>DAILY ALLOWANCE | | | PURPOSE OF JOURNEY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | STATION | DATE | TIME | STATION | DATE | TIME | | KM | RATE | AMT. | NO. OF DAYS | RATE | AMT. | |
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| | | | | | | | TOTAL | | Rs. | | | Rs. | | |

Advance taken, if any Rs. _____

Grand Total (A+B) Rs. _____

Passed for Payment/Adjustment for Rs. _____ (Rupees ____ _____)

Signature of Employee

Journey & Local Expenses Verified

Signature of Verifying Authority

CHECKED BY

A R (IAC)

FINANCE OFFICER

**APPROVED**

COMPETENT AUTHORITY
(SEAL)

Note : i) Please fill the certified on the reverse also.
ii) Please submit the bill within 15 days from the actual date to IAC.
iii) Attach the Travel Request in original & the bills if claimed on actual basis.
iv) Please take prior permission for using higher class of transport for local conveyance from one city to other city.