

**R.P.R. 37**

[See Para 2.54(1) of Subsidiary Instructions]

**Claim-cum-Bill for Short Term Advances**

Token No.....Token Date.....

- ☐ TA-Tour
- ☐ TA-Transfer
- ☐ LTC
- ☐ Medical
- ☐ Others (pl. specify)

(In case of other than e-claim, this bill should be prepared in duplicate-one for payment and the other as office copy)

**column 1 to 14 for office purpose:**[ autofilled in e-claims. Columns 8-9 not for manual bills]

1.Bill/e-Bill No.	2. Bill/e-Bill date	3. Bill Amount (Rs.)	4.DDO Name & Code	
5.Sanctioning Authority (PD) Name & Code	6. Sanction/e-sanction No.	7.Sanction/e-sanction date	8.Claim Reference No.	9.e-Claim Date
10. F.Y	11.Grant No	12.Category (V/C)	13.Head of Account	14. Object Head Description

**Part- A (to be filled up by the claimant)****1. Claimant details**

Employee Code/Unique id

(i)Name of the claimant	(ii)Designation	(iii)Name of the Office	(iv)Pay level	(v)Pay
(vi)Mobile No.	(vii)E mail id	(viii)Bank Name	(ix)Bank A/c No	(x)Bank IFSC Code
(xi)Headquarters	(xii)Whether permanent or temporary	(xiii)Date of entering Central Govt. service		

**[Column 2(i) to 2(vii) may be provided by claimant as per the Advance claimed]**

**2(i) TA/Transfer/LTC Advance , purpose of journey (tick whichever is applicable):**

<input type="radio"/> For Tour				<input type="radio"/> For Transfer			<input type="radio"/> For LTC
Places to be visited				Transfer station			Home Town as recorded in the Service Book
Purpose of Visit				Date of journey			Whether the spouse is entitled to LTC
Duration of visit :				The number of family members who will accompany : Name, relation, age			The number of family members who will accompany : Name, relation, age
No of days.....				Mode of travel and class of accommodation			LTC to be availed : Home Town/All India
Whether tour programme has been approved by the competent authority							If concession is to visit All India : Place of visit
In case the officer is not entitled to travel by air, whether the approval of competent authority has been obtained :							Extended or not
Details of calculation				Details of calculations			In case of self, details of leave
Air/Rail/Bus Fare (two way)	Hotel stay	Travel within city	Food etc.	Air/Rail/Bus Fare (two way)	Amount to be paid for transportation of personal effects	Amount to be paid for transportation of Conveyance	Single bus fare/air fare from HQ to home town/place of visit by shortest route
Total				Total			

**2(ii) For Medical Advance :-**

1. Name of the patient and relationship with the Government Servant.
2. Nature of illness.
3. Whether treatment is received as Inpatient or Out-patient.
4. Name of the Hospital in which patient is treated and whether it is a recognised one.
5. Whether necessary certificate from the Medical Officer or Specialist of the recognised hospital is enclosed.
6. Anticipated cost of treatment as certified by the Medical Officer/Specialist. (Proforma Invoice to be attached).

**2(iii) Other Advances (pl. specify) :**

**3.Amount of advance required. ....**

#### 4. Self declaration certificate :

- (i) The information as given above is true to the best of my knowledge and belief.
- (ii) I further declare that I have neither claimed nor I will claim part or full of this claim from any other source/office.
- (iii) I undertake to produce the tickets for the outward journey within ten days of receipt of the advance. In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lumpsum (in case of LTC Advance).

Signature/e-sign/DSC of Government Servant

Date:

#### Supporting documents

- (i) Approved tour programme
- (ii) Transfer order
- (iii) Copy of the leave approved
- (iv) Certificate from Hospital