

DR. B.R. AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALANDHAR

CLAIM FOR TRAVELLING ALLOWANCE

(Use additional form, if visit is to more than one place)

Name: Advance Drawn Rs.

Designation: (Basic /Cons. Pay Rs.)

Department:

ONWARD JOURNEY

1. Place of Residence/Office
2. Name of Nearest Airport/Rly. Station
3. Road Journey from 1 to 2 above
4. Mode of conveyance used: CAR ☐ TAXI ☐ AUTO ☐ BUS ☐
(a) Distance Covered Km. (c) Fare paid Rs.
5. Date & Time of departure of Flight / Train from HQ: Date Hrs.
6. Destination Reached
7. Date & Time of arrival of Flight / Train at Destination: Date Hrs.
8. Place of stay / Office of Duty
9. Road Journey from 5 to 7 above
10. Mode of conveyance used: CAR ☐ TAXI ☐ AUTO ☐ BUS ☐
(a) Distance Covered Km. (c) Fare paid Rs.

STAY

11. Particulars of Meeting / Duty
 - (a) Nature
 - (b) Duration From To
 - (c) Free Boarding Lodging Availed, if any
 - (d) Lodging Charges paid, if any (attach proof)

RETURN JOURNEY

12. Road Journey from 1 to 2 above
13. Mode of conveyance used: CAR ☐ TAXI ☐ AUTO ☐ BUS ☐
(b) Distance Covered Km. (c) Fare paid Rs.
14. Date & Time of departure of Flight / Train from HQ: Date Hrs.
15. Date & Time of arrival of Flight / Train at Destination: Date Hrs.
16. Road Journey from 5 to 7 above
 - (b) Mode of conveyance used: CAR ☐ TAXI ☐ AUTO ☐ BUS ☐
 - (c) Distance Covered Km. (c) Fare paid Rs.
17. Air fare/Train fare paid
 - (a) Onward Rs.
 - (b) Return Rs.
18. Daily Allowance for a no. of day(s) Rs.
19. Total Claim Rs.

Date :

Place:

Signature of Claimant

Certificate

- 1) Certified that amount claimed in this bill has not been claimed or will not be claimed in any other bill from any other source.
- 2) Certified that I actually travelled by First/Second class Rail / Air and paid Rs. _____ for return Train fare / Air fare.
- 3) Certified that the distance by Road for which Road mileage is claimed is correct to the best of my knowledge. Certified that I performed the Road journey for which mileage is claimed by Taxi/Own car/Scooter/Motorcycle/Auto/Bus/Free transport.

Signature of claimant

FOR OFFICE USE ONLY

TA/DA BILL FOR THE MONTH / DATE _____

Name:

Designation:

Deptt./Section:

Total Train fare / Air fare admissible: Rs.

Total Road mileage admissible: Rs.

Total Daily allowance admissible: Rs.

Gross T.A Claim: Rs.

Less : T.A Advance drawn: Rs.

Net amount Admissible / Recoverable: Rs.

PASSED FOR PAYMENT / ADJUSTMENT Rs.

(Rupees)

Noted in T.A Register Page No.

Sr. No.

Dealing Assistant

Sr. Supdt.

Rs. _____ audited in processing sheet cum voucher.

Internal Auditor

Supdt. (Audit Section)