

TRAVELLING ALLOWANCE BILL

Name: NAGESH KARMALI	Designation: NA	Salary code: NA
● Grade PayNA		
Pay in Pay bandNA	(If DA on tour is being claimed as per old rates – 6 th CPC)	
Amount of advance drawn, if any:	<u>:</u>	

Certified that I was on tour from 13th February, 2025 to 17th February, 2025 for the purpose of participation in "C++ Programming Bootcamp" and that I travelled by the class and mode of conveyance as indicated below:

1. Claimed fares (Air/Rail/Bus):

Departure			Arrival	Mode of journey	Class of Journey	PNR No. (if	Fare	Train /
Place	Date & Time	Place	Date & Time	Rail / Road / Air	Air / Rail / Bus	applicable)	in Rs.	Flight no.
PELHI	12/02/25:3:45 HRS	MUMBA)	12/02/25 ; 23:35 HRS	RAIL		0123456789	1630/=	12904
MUMBAI	16/02/25; 18:45 HRS		18/02/25 : 13:50 HRS			0123456789	16301=	12903
			,			Total	3260/=	

^{*}P S: 2, 3 & 4 not applicable, if DA on tour is being claimed as per old rates-5th CPC

2. Details of Local conveyance charges incurred:

Date	Station	Place visited/travelled		Distance	Mode of travel	Fare	Remarks
		From	То	(Km)	Taxi/Auto	in Rs.	
			NA				
					Total		

3. I stayed in hotels/guesthouse which I was charges as follows (bills are to be enclosed):

Station	Name of hotel	Period	l of stay		No. of days	Expenses	Remarks
		From		To		in Rs.	
				NA			

4. Reimbursement of Food bills (bills are to be enclosed)

Sr. No.	Date	Particulars	Amount in Rs.	Sr. No.	Dat	te	Particulars	Amount in Rs.
1			0 1 N	3				
2			NA	4				0.00
							Total	0.00
		Further particulars required to b	e furnished				Replies	
Α	i) Whether y	ou availed of Saturday, Sundays & holic					_	
	of halt?			NA				
	ii) If yes, plea	se give details about the period and date	:					
В	Whether tl	he TA is to be borne by IIT Bombay/pro	ject/any other sou	rce? Please g	give E	Budget Head:		
		re budget Head. If applicable:						
5.		claimed amount:		Amount in	Rs.		Amount in	Total Control
			(To l	oe filled by o	claimar	nt)	(To be filled by II)	TB office)
i)	(a) Fare		3260					
	(b) Conveyand	re charges			_			
	(c) Hotel/acco		-					
	(d) Food/boarding charges				-			
	(e) Other clai	ms (details to be furnished)						
	i) Co		-					
	ii) Tra	avel Insurance			_			
		Г	otal	33	260			
(ii)	Less advance t	taken on dt.:NA			_			
	Net amount			32	260			

Signature of the claimant

Countersigned DIRECTOR/DEAN (R&D)/REGISTRAR/H.O.D.

Forwarded herewith T.A. claim for necessary action

Admitted for	
Passed for	
Disallowed /Added	Acett Degictray (Audit)
Daniel for	Asstt. Registrar (Audit)
Passed for	Asstt. Registrar (F&A)