TRAVELLING ALLOWANCE BILL

Name:				Designation: S							Salary code:						
 Grade 	Pay											•					
						If DA on	tour is b	eing c	laime	d as per	old r	ates – 6 th Cl	PC)				
Amount o	f advance	e dra	wn, if a	ny:_													
Certified	ed that I was on tour from																
											and th	nat I travell	led by the	class a	nd mode	of conveyance a	
indicated																	
1. Claim			Rail/Bu	s):					T			-1 0				T _ ,]	
Departure					Arrival Place Date &				Mode of journey Time Rail/Roa		Class of Journey Air/Rail/Bus		PNR	Fare in		Remarks	
Dlago	Det- 0 Tt-												No. (if				
Place		Date & Time				Place D				ali/Roa Air d/air		/Raii/Bus	applica ble)				
									u/all			Die)					
												Total					
*D S• '		not ai	nnlicah	le if T)A on to	ır is being	z claime	d as ne	r old	rates-5 ^{ti}	h CPC						
2. Detail							5 Claimic	u us pc	ı olu	rates 5	Ci C						
	ı														Remarks		
Date					sited/trav	Dista		I		avel	avel Far		are in				
	Fron		<u> </u>		To	e (Kn	n) 📋	l'axi/ <i>P</i>	axi/Auto								
							Tot	al loc	al co	nveya	nco						
							100	ai iuc	ai CC	niveya	lice						
3. I staye	ed in hote	ls/gu	esthous	se whi	ch I was	charges a	s follow	s (bills	are t	o be en	closed):					
Station	Name of hotel				Period of stay			No.	No. of Expense			es in				Remarks	
				F	5		Го			*					Remains		
								- 3									

4. Reimbursement of Food bills (bills are to be enclosed) Bill details Sr. Date Bill details Amount in Sr. Date Amount in no. no. Total food expenses (sr. no. Further particulars required to be furnished **Replies** 1) Whether you availed of Saturday, Sundays & holidays, or any leave during the Α days of halt? 2) If yes, please give details about the period and date: Whether the TA is to be borne by IIT Bombay/project/any other source? Please Budget Head: В give expenditure budget Head. If applicable: **Summary of claimed Amount:** 5. To be completed 5. Remarks (a) Fare i) (b) conveyance charges (c) hotel/accommodation charges (d) food/boarding charges (e) other claims (details to be furnished) Conference regn fees 1) Insurance fees iii) Visa fees **Total** (ii) Less advance taken on dt.: Net amount Signature of the claimant Countersigned DIRECTOR/DEAN (R&D)/REGISTRAR/H.O.D. Forwarded herewith T.A. claim for necessary action Admn. I(a) To: Accounts Section

Asstt. Registrar (Audit)

Admitted for _______Passed for _______Disallowed /Added

Passed for	-	Asstt. Registrar (F&A)				