

SANT GAHIRA GURU VISHWAVIDYALAYA SARGUJA, AMBIKAPUR (C.G.)

Travelling Allowance Bill of Mr./Mrs./Dr. Voucher No.....Date..... For the Month of

Designation & Address Head of Account Basic Pay ₹.....

Bank A/C No. Branch Name IFS Code

Departure			Arrival			Mode of Journey Rail/Bus Private Car	Distance of K.M.	Purpose of Journey	Fare ₹	Headquarter Allowance		Journey Halt Allowance		SpecialHalt Allowance		Total : 10+11+12+13 ₹
Station	Date	Time	Station	Date	Time					Extent of D.A.	₹	Extent of D.A.	₹	Extent of D.A.	₹	
1	2	3	4	5	6	7	8	9	10	11	12	13	14			
									Total							

CERTIFICATE

- Purpose of journey is certified.
- Countersigned.

O.S.D. A.R. REGISTRAR V.C.

Passed for payment Rs. (Rupees
.....)

D.A. A.R./F.O. Registrar

Pay Rs. (Rupees
.....)

Registrar/Finance Officer

DECLARATION

RupeesOnly

I hereby declare that -

- Journey Performed for (a) By train in ----- Class for which T.A. Claimed is correct & Railway Concession was not availed (b) by my own car/by public bus/along with other member of the Committee.
- And the Bus-fare claimed is also correct.

Date: / /

Signature of the Claimant

Paid vide cheque No. Noted in T.A. Bill Register No.....

Dated For Rs. On Page