

PARTICULARS FOR PREPARING T.A.BILLS

1. Name :
2. Date & time of departure :
3. Date & time of arrival at the meeting place :
4. Date & time of departure from the meeting place :
5. Date & time of arrival :
6. Name of the meeting place :
7. Mode of travel :
(attach Bus/Train/Air Tickets/
Petrol Bill)
8. Lodging charges :
(attach Hotel bill in original)
9. Reg. Fees paid :
(attach original receipt)

Place:

Date:

Signature

T.A. & D.A. CLAIM BILL

T.A. & D.A. claims in respect of Dr./ Mr.....

Designation/Dept.

Name of the Institution K.S.Hegde Medical Academy, Post Deralakatte, M'lore-18.

Nature of duty

.....

Basic Pay Rs.

Journey from

A. ONWARD JOURNEY :

By from to

Date & time of Departure
(onward journey)

Date & time of arrival at Destination

Actual fare Rs.

Incidental charges if any Rs.....

B. RETURN JOURNEY :

By from to

Date & time of
Departure
(onward journey)

Date & time of arrival

Actual fare Rs.

Incidental charges if any Rs.

C. DAILY ALLOWANCE:

Rate of D.A. Rs.

Number of days

Amount Rs.

D. LODGING ALLOWANCE: Rs.....

E. MISCELLANEOUS Rs.

(Detailed list to be enclosed)

Total amount : Rs.....

Advance received Rs.

Balance: Rs.....

Advance Receipt :

Received Rs..... (Rs.)

Signature:

Counter signed by;
Head of the Institution:

Passed for Rs..... (Rupees

Date:

REGISTRAR
NITTE UNIVERSITY