Name.....

Designation..... Deptt.....

Address.....

.....

Indian Institute ot Technology, Roorkee

Travelling Allowance Bill

Pay..... D.A.....

Total Rs.....

Particulars of Journey						Mode of Journey	Journey by Rail/Road/Air					Local Journey				17. Number of days for which DA is claimed..... Rate of DA..... Total amount of DA
Departure			Arrival				Class	Fare	Incidental			From	To	Distance in km.	Amount	
Station	Date	Time	Station	Date	Time			Rs. P.	Distance in km.	Rate	Amount					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
							Total				Total			Total		18. Purpose of Journey with dates
																19. Remarks, if any

1. I certify that I have not drawn TA or DA in this connection from any other source. The payment is actually due and is being charged for the first time

2. I Certify tha tI have actually travelled in the class for which I am charging Railway /Air fare as paid by me

3. I Certify that I did not avail fo freee boarding and lodging facilites at the outstation.

4. Onward journey will be performed as calimed

5. I have travelled by taxi No.....
which have valid papers.

Signature of the Claimant

1. Sum of totals in colums 9,12,16 and 17 Rs.....

2 Advance, if any Rs.....

3. Net Claim Rs.....

Revenue Stamp

Signature of the claimant

Claim Varified

.....

Verifying Officer

COUNTERSIGNED

Controlling Officer

For Office Use Only

Pay Rs.....

Rs.....

Debit to .....

O.S.(Bills) AAO FC