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Form No. 4

**Travelling Allowance Bill**

Emp. No……………………………………………………………………………….….. **For office use only**

Name………………………………………………............................................................ *Major Budget Head……………………………*

Designation……………………………………………………………………………….. *Minor Budget Head……………………………*

Department/School/Unit………………………………………………………………… *Budgeted Amount ………………………..……*

Pay Band, Pay in Pay Band, AGP/GP……………………………………………………. *Amount Spent …………………………….……*

Purpose of Journey…………………………………………………………………….. *Balance available including the bill …………*

**Particulars of journeys and halts**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Departure** | **Arrival** | Mode of Journey (Rail/Air/Road) | Class | Distance(in KM) | Fare(In Rs.) | Details of Flight/Train | Remarks |
| Station | Date | Hour | Station | Date | Hour |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Hospitality: Availed on…………..days/Not Availed……………….days | Total |  |  |

1. Total Fare: ………………………………………………………………………………………………………………

2. Daily Allowance/Hotel Charges: **No. of days……………..Rate@ Rs.…………Total Amount**……………………..

3. Other actual expenses incurred:…………………………………..**Rs.**…………………………………………………

 *(Furnish details for 3 on the reverse Side and attach original documents for 1, 2 & 3 above)/ (Furnish details for 3 on the reverse Side and attach original documents for 1, 2 & 3 above)*

**Total Claim (1+2+3)= Rs.…………………Advance Drawn Rs.…………………Net Claim Rs.……………………**

**Net Claim in words……………………………………………………………………………………………………….**

*(Certified that all parts of the journey have been performed in accordance to the CERTIFICATE (S) on the reverse Side).*

RECEIVED PAYMENT

1 **Rs**. Stamp to be affixed here if the amount exceed **Rs.** 5000/-

No. of Enclosures:……………………………………………..

**Details of Other Actual Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Particulars** | **Rate** | **Amount**  | **Documents Attached** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
|  | **Total** |  |  |

**Instructions for preparing travelling allowance bills**

1. Journeys of different kinds and halts should not be entered on the same line.
2. Bill must be properly prepared and submitted within 30 days of completion of journey. Failure to do so may entail recovery of advance, if any drawn, in a single installment, through the salary bill submitted thereafter.
3. Money Receipts/Ticket numbers should be furnished along with the T.A. Bill.
4. When the first item of a travelling allowance bill is a halt, the date of commencement of halt should be stated in the last column.
5. Hotel bills should invariably be enclosed when D.A. is claimed at Hotel rates.
6. A certificate of attendance given by the court or authority should be attached to the bill, if travelling allowance is drawn for attending a Court under Summons or otherwise.

**Certificate**

(i) Certified that I actually travelled in the class to which I am entitled.

(ii) It is certified that I did not perform the road journeys for which the mileages have been claimed at the higher rates by taking a single seat in any public conveyance excluding steamer which plies regularly for heir as prescribed in (SR.46) between two fixed points as the fixed rates.

(iii) It is certified that I did not perform the journey free of charges or without payment or incurring in running expenses.

(iv) In case of hiring taxi, it is also certified the hiring of taxi was essential and road mileage is not claimed from any other source.

(v) It is certified that no Govt transport was provided for carriage of personal effects and transportation of own conveyance and the amount claimed has been actually paid by me.

 (score out which is not applicable)

Date:……………………… Signature:………………………………

**Forwarded by (HoD/CoS/Incharge of unit)**

**Passed for Rs**………………………………………………………………………………………………………………………..

(In words Rs…………………………………………………………………………………………………………………………….

Dealing Assistant SO AR DR Registrar

**Paid in Cash/Cheque No………………………………..Dated**…………………………….**Rs**……………………………………..

 Asst/Cashier SO AR DR Registrar