



भारतीय
प्रौद्योगिकी
संस्थान
काशी हिन्दू विश्वविद्यालय



INDIAN
INSTITUTE OF
TECHNOLOGY
BANARAS HINDU UNIVERSITY

BILL FOR RELOCATION CHARGES

Emp. No.....	<u>For office use only</u>
Name.....	Major Budget Head.....
Designation.....	Minor Budget Head.....
Department/School/Unit.....	Budgeted Amount.....
Pay Band, Pay in Pay Band, AGP/GP.....	Amount Spent.....
Date of Joining in the Institute.....	Balance available including the bill.....
Letter No. & Date of Appointment Letter.....	

PARTICULARS OF JOURNEY

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						
								Total			

- Total Fare: Rs.....
- Expenditure on account of transportation of Personal Effects: Rs.....
 - Weight of Personal Effect (in Kg).....
 - Cartage: From.....To.....
- Expenditure on account of transportation of own conveyance: Rs.....
(Type of conveyance: Motor Cycle/Motor Car)
- Composite Transfer Grant (CTG): Rs.....
(One month's Basic Pay which includes Pay in Pay Band + Grade Pay + Non Practicing Allowance, if admissible of previous post held by the employee, is to be claimed along with the Relocation Charges)

(Attach original documents for 1, 2 & 3 above)

Total Claim (1+2+3+4)= Rs.....

(In words.....)

RECEIVED PAYMENT

1 Re. Stamp to
be affixed here if
the amount
exceeds Rs.
5000/-

No. of Enclosures:.....

Details of Family Members

S.No.	Name	Date of Birth	Age	Relationship
1				
2				
3				
4				
5				
6				
7				
8				

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/shifting of personal effects.
3. Money Receipts/Ticket numbers should be furnished along with the Bill.

CERTIFICATE**CERTIFIED THAT:**

- (i) I actually travelled in the class to which I am entitled.
- (ii) I did not perform the journey free of charges or without payment.
- (iii) No Govt transport was provided for carriage of personal effects & transportation of own conveyance and the amount claimed has been actually paid by me.
- (iv) All family members for whom fares etc have been claimed are residing with me and are wholly dependent on me and individual income from all sources including pension does not exceed the prescribed limit for the purpose.

(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**.....

Asst/Cashier

SO

AR

DR

Registrar
