

Savitribai Phule Pune University

Vr. No.
 Cash/Cheque No.
 Date :

**Finance
Dept**

T.A. Check Register No.
 Payment Register Page No.

TRAVELLING ALLOWANCE BILL

- | | | |
|------------------------------|---|---|
| (1) Name : | (4) Nature of the Committee | (7) Date of business |
| (2) Address : | (in case of member/examiner) | (8) Basic Pay Rs.
(in case of employee) |
| (3) Purpose of Journey | (5) Name of the College | |
| | (6) Designation (in case of employee) | |

Particulars of Journey/Stay						Kind of Journey Rail/S.T./ Taxi/Own Car/ Air/Class of Accom- modation	Distance Travelled in km.	Ticket No. and Date for Ist class by Rail & Air	Train/Bus/ Taxi fare		D.A.		Total	
Departure			Arrival						10		11		12	
Date	Time	Station	Date	Time	Station				Rs.	P.	Rs.	P.	Rs.	P.
1	2	3	4	5	6	7	8	9						

Certificates and Declaration

- (1) I hereby declare that no travelling allowance from any public or semi-public authority for a part of or whole of the Journey in respect of the bill is claimed by me.
- (2) I further declare that I have travelled via by Railway by Ist class/Ind class/ S.T./Private car (singly/with other members) and performed perform the return journey in the same manner.
- (3) I have not availed of any Railway concession.
- (4) I hereby certify that board & lodging was/ were not supplied free of charge by the Convener of the Conference/Seminar.
- (5) I was appointed as a member of Local Inquiry Committee/as a delegate vide University letter No.
- (6) The report of the L.I.C. is enclosed.

Signature (claimant).

- (i) Certified that Shri was asked to go to the centre(s)/Station(s) to The dates & timing mentioned in the claim are verified and found correct.
- (ii) The dates mentioned in this claim are verified with the programmes.

(Signature)
Section-Officer

/P.T.O.

Budget Head :
Code No. :
TO BE RECEIPTED IN ADVANCE
Payment Received

Revenue
Stamp
if over
Rs. 5000/-

Dy. Registrar (Exam.)

Grand Total

Passed for Rs. P.
(Rupees.....)
Date :

S.O. S.O. F.O./D.F.O.
 (Bills) (Audit) A.F.O.

Pay **Rs.**

Note : Please use the backside of the bill, if the space is insufficient.

