Vchr No. ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_

भारतीय प्रौद्योगिकी संस्थान (भारतीय खनि विद्यापीठ ) धनबाद

**INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES), DHANBAD**

**TRAVELLING ALLOWANCE BILL / CLAIM FORM (For Domestic/Foreign/Medical Visits)**

(To be filled in by the Govt. servant)

(Revised w.e.f. 31.01.2019)

|  |  |
| --- | --- |
| Name: | Designation: |
| Pay Level: Basic Pay: Rs. | Deptt./Section: |
| Email ID: | Mobile No.: |
| Expenditure Head: | Purpose of journey: |
| Bank Account No.: | Name of the Bank: |
| Bank Account Holder Name: | IFSC Code: |

1. Details of Journey performed (Please attach separate sheet, if necessary)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Departure | | Arrival | | Mode of travel & class of accommodation | Fare paid (Rs.) | Distance (Km.) | Ticket No. |
| Date & Time | From | Date & Time | To |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Claim of local conveyance charges on tour for official purpose from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From | | | To | | | Mode of Transport | No. of Km | Amount paid | Purpose |
| Date | Time | Place | Date | Time | Place |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. Particulars of hotel / guest house receipts etc. (please attach hotel bills):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Period of stay (Date & Time) | | Name of the Hotel / Guest House | Bill No. & date | Daily rate of lodging charges | Total amount paid (Rs.) |
| From | To |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. I hereby declare that I have incurred the following food expenses during my tour from \_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_ for which food was not provided free of cost by any Organisation / Institute.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. | Date | Amount (Rs.) | Sl. | Date | Amount (Rs.) | Sl. | Date | Amount (Rs.) |
| 1. |  |  | 4. |  |  | 7. |  |  |
| 2. |  |  | 5. |  |  | 8. |  |  |
| 3. |  |  | 6. |  |  | 9. |  |  |

1. Other expenses (if any):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. | Details of expenses | Amount (Rs.) | Sl. | Details of expenses | Amount (Rs.) |
| 1. | VISA Fees |  | 3. | Insurance charges |  |
| 2. | Registration Fees |  | 4. | Other expenses, if any (please specify) |  |

1. Date of absence from place of halt on account of --: a)RH, CL, EL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Not being actually in camp / official duty on Sundays and Holidays:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date on which free boarding and/or lodging provided by any organisation financed by state funds:

Boarding only / lodging only / Boarding and lodging: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TA Advance drawn, (if any) Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of drawal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Enclosures: a) Tour approval b) Tour Diary c) Hotel bills d) Journey tickets / Boarding Pass
3. Total number of enclosures:\_\_\_\_\_\_ 11. Date of submission:\_\_\_\_\_\_\_\_\_\_\_

**Certificate in respect of Official Journey**

Period from (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Certified that the mileage claimed in the TA Bill is correct to the best of my knowledge.
2. Certified that I did not perform the road journeys for which mileage allowance has been claimed at the higher rate prescribed in rule 46 of supplementary rule. Also certify that the journey was not performed in any other vehicle without paying its hire charges or incurring running charges.
3. Certified that the journey was performed by the shortest and cheapest route of the entitled class and fares claimed were actually paid by me to the railway /air / transport authorities.
4. Certified that no such travelling allowance bill for the period mentioned above has been claimed from any other source.
5. Certified that I did not avail myself of any CL / EL / RH for the days for which daily allowance (food / hotel bills) are claimed.
6. Certified that I did not avail of free boarding and / or lodging at the expense of state govt. or any other organisation financed from state funds during the days for which food expenditure has been claimed.
7. Certified that I travelled by air to which I am entitled and air tickets were purchased on cheapest fare of the entitled class and mileage earned on the tickets will be used for the official purpose only.
8. Certified that the above expenses is actual and paid by me in connection with the food expenses during the tour.
9. Certified that the information as given above is true & correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
|  |  |
| **Signature of the Govt. Official** | **Signature of HOD / HOC** |
|  |  |

**Part- B (For the use of Accounts Section)**

**(Amount in Rupees)**

|  |  |  |
| --- | --- | --- |
| 1. | Rail Fare / Road Fare / Air Fare |  |
| 2. | Local conveyance charges |  |
| 3. | Accommodation / Hotel charges |  |
| 4. | Fooding expenses |  |
| 5. | VISA Fees / Registration Fees / Insurance charges |  |
| 6. | Other expenses (if any) |  |
| 7. | Foreign DA, (if applicable) from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ |  |
| 8. | Gross Amount (Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
| 9. | Less: Amount of TA Advance drawn, if any |  |
| 10. | Net Amount (Payable / Recoverable)  (Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |

The above expenses may be debited to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dealing Asstt. DR (F & A) SO (IA) AR (IA) DEAN (F) / RG / DT

Payment made vide Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_ Date of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_