भोट विद्या संस्थानम्

CENTRAL UNIVERSITY OF TIBETAN STUDIES

(Deemed University)

SARNATH, VARANASI, U.P., INDIA

TA/ DA BILL

Shri..... **Salary (if the employee is of this Institute) Rs.** .....

Designation and Address ..... **Total travel Exp. Rs.** .....

Purpose of travel ..... **Less Advance received Rs.** ..... **Vide Ch. No.** .....

Balance payable Rs. ..... **Date** .....

Departure			Arrival			Bus/Train/Air		Local Conting Daily Allowance				Total	Others/ Remarks
Place	Date	Time	Place	Date	Time	Class	Fare	Km	Rs.	Day	Rs.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Rs. .....**In words** ..... **may be paid**

Verified

Dealing Asst. .....

Signature

Date .....

Revenue Stamp

S.O. Account **Registrar** **Director** **Payment Received Signature**

Certified that

1. The mode of actual travel and class, used during the journey, has been correctly mentioned in the TA/DA bill.
2. Sunday (s) and other holiday (s) for which D.A. claim has been made, I had been on camp duty.
3. I was not on casual leave during the journey period.
4. To the best of my knowledge and believe the distances shown in the TA/DA bill for local journey are correct.
5. The journey has been performed in the interest of the Institute.
6. The amount claimed for journey does not include the mode of travel provided by the institute.
7. I had neither been provided boarding and lodging facilities. from the Institute nor I had been availing the facilities as government guest during the journey period.
8. Whatsoever documents have been submitted in support of TA/DA bill, no such documents have so far been claimed in any earlier bill (s).

Contingency expenses

(Claiment Signature)

Details of D.A. As per rule