

Head of Charge..... **TRAVELLING ALLOWANCE BILL**

**GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR**

Travelling Allowance Bill of ..... Designation & Department .....Month .....  
 Basic Pay (in revised grades or emoluments at 608 point price- index)..... Total Income .....  
 Purpose of Journey .....

**PLEASE STRIKE OUT THE CERTIFICATE NOT APPLICABLE**

*Certificates for the Journey*

1. I hereby declare that the class of railway accommodation actually travelled has been charge.
2. I further declare that no travelling allowance for a part of the whole journey covered in this bill has been drawn by me from any other public source.
3. I further declare that the railway return ticket was not available.
4. Certified that I was not/was provided with means of locomotion at the expenses of University/Govt. for journey by road... for which T.A. has/has not been claimed.
5. Certified that I did not perform the road journey for which mileage allowance has been claimed at the higher rates by taking a single seat in any public conveyance which plies regularly for hire between fixed points & charges fixed rates.
6. Certified that I visited the place(S) & paid the actual conveyance charges as shown in the TA bill
7. Certified that I was not absent on casual leave during the period for which daily allowance has been claimed.
8. Certified hat I was not provided with board or lodging for the days for which DA at full rates has been claimed OR certified that for the days for which I was provided with free boarding and lodging, necessary deduction in the rate of DA has been made in the claim.

Particulars of Journey						Journey by Rail/Bus			Mileage by Road at ... Rs Per KM		Daily Allowance			Total Amount (Rs.)	
Departure			Arrival			Mode/Class	No of KM.	Amount	No of KM	Amount	No of days	Rate per Day	Amount		
Station	Date	Hours	Station	Date	Hours										
Advance taken if any amount Payable															
Journey Verified Stamp		Grand Total													

**For Finance Officer's Office**

Pay Rupees (in figures)..... (Rupees in words).....

Signature of Claimant.....  
Full address.....

Audit objection if any      Checked      Bill Clerk      Assistant( Bills)      Supdt. ( Bills)      D.R./ A.R. ( A/c) Finance Officer

Revenue of Re. 1/- Stamp  
To be affixed here if the  
Amount exceed Rs. 5000

<b>PAYMENT</b>		<b>FOR AUDIT OFFICER</b>	
Pre-audited & Passed for Rs.....( In figures)			
Rupees ( in words).....			
Auditor	Sr. Auditor	Asstt. Examiner	

<b>ADJUSTMENT</b>		<b>FOR AUDIT OFFICER</b>	
Pre-audited & Passed for Rs.....( In figures)			
Rupees (in words).....			
Auditor	Sr. Auditor	Asstt. Examiner	

Signature of Claimant.....  
Full address.....