TA/ DA Bill

NAME OF OFFICER :		DESIGNATION :	**C/0 Principal**	BASIC PAY RS.:	----
Reff/Office Order No.-Date		Purpose	Court Ceases	Grade Pay RS.:	-----

Details of Travel and Hault						Distance In K.M.	Mode of Travel (Air/Bus/ Taxi/Rail	Air/ Bus/Railway/ Taxi Fare		Absent from Head Quarter in Hours		Days & Hrs. for D.A.	Rate of D.A.	Amount of D.A. {13 x 14}	Total Amount 10+15
Departure			Arrival					Class	Fare Rs.	Actual	Grace Hrs.				
Place	Date	Time	Place	Date	Time										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Honorium for BOM / BOS / Academic Council/Expert Lecture/Others (Please Specify _____)

Nature of Activity	Title	Duration		Rate/Hr. Rs	Total	
		Date	Hours			
1						
2						
3						
4						

Total In words Rs. (-) In Fig. Rs. ---

1. It is certified that the above journey made by shortest route.
2. The information provided by me is true to the best of my knowledge and as per rules/ regulations of institute .
3. I have not claimed expenditure incurred for this journey from any other institute/ organisation.
4. उपरोक्त देयकात लावण्यात आलेले प्रवासभाडे हे नियमानुसार आहे यात दर्शविलेल्या प्रवास भाडयाची रक्कम प्रत्याक्ष भाडयापेक्षा जास्त आढळल्यास ती पारीत करण्यास माझो हरकत नाही तसेच त्यामुळे काही वसूली असल्यास ती भरण्यास मी तयार आहे.

Name & Signature of Officer

DATE :