Certify that :

1. The journey was performed by mail/express train in the class not lower than that for which T.A. has been claimed.
2. I actually travelled by Air and Air fares amounting to ₹.....have been paid by me to the Airlines in respect of the air journeys made to me on.....
3. I was actually and merely constructively in camp on sunday/holiday during the period for which daily allowance has claimed.
4. The halts for which lumpsum amount applicable on account of food bills has been claimed were necessitated by the performance of duty at the place of halt
5. I availed free boarding and/or lodging at the .....
6. The distance by road for which road mileage allowance has been claimed are correct to the best of my knowledge and belief.
7. The journeys were performed in the interest of Institute's work and no official transport was utilised for the road journeys for which mileage has been claimed.
8. I did not perform road journeys along with any other Government servant in a car/conveyance belonging to him for which road mileage has been claimed.
9. I did not perform the road journeys for which mileage allowance has been claimed at the higher rates prescribed under the rule inforce by taking a single seat in any public conveyance (excluding a steamer) which plied regularly for hire between fixed points and charges fixed rates.
10. I did not perform road journey in any other vehicle without payment of its hire charges or incurring its running expenses.
11. I have not drawn any T.A./D.A. from any other source in connection with the journeys and halts during the period from.....to.....
12. Particulars given by me are correct.
13. D.A. - Lumpsum amount may allow as per existing orders.
14. Bank Details :
    (i) Name : .....
    (ii) Bank Name & Address : .....
    (iii) A/C No. : .....
    (iv) IFSC Code : .....

Date.....

.....
Signature of the Officer

SAVITRIBAI PHULE
NATIONAL INSTITUTE OF
WOMEN AND CHILD DEVELOPMENT

SAVITRIBAI PHULE NATIONAL INSTITUTE OF WOMEN AND CHILD DEVELOPMENT
5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

TRAVELLING ALLOWANCE BILL

Important Note
Before filling entries please go through the instructions inside

Head of Account _____

Vr : No. .....

Code No. | | | | | | | | |

FOR USE IN OFFICE

Certified that the necessity, frequency and duration of journey(s) and halt(s) included in this bill have been scrutinised and the claim has been regulated keeping in view the provision of S.R. 195.

(_____)
SIGNATURE OF CONTROLLING OFFICER

Checked and found in order. May be passed for the payment of ₹

(Rupees _____)

Dealing Assistant — Accounts Officer

Passed for the payment of ₹ _____

(Rupees _____)

D.D.O.

Received the payment of ₹ _____

(Rupees _____)

Signature of the Officer

SAVITRIBAI PHULE NATIONAL INSTITUTE OF WOMEN AND CHILD DEVELOPMENT
5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

Name _____

Designation _____

Address _____

Level in Pay Matrix (as per 7th CPC) _____

Pay ₹ _____

T.A. BILL

Particulars of Journey(s) and Halt(s)						Mode of Journey(s)				Daily Allowance	Purpose of each Journey & Halt	Details of Actual Expenses		Remarks
	Departure		Arrival											
Station	Date	Hours Time	Station	Date	Hours Time	Air/Rail/Bus etc. and Ticket No.	Distance K Ms	Class	Fair Paid ₹	Amount ₹		Particulars	Amount ₹	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Instruction for Claiments :

1. Employees are required to fill in entries in col. 1 to 10 and 17 to 20.
2. In col. 7 please indicate the name of the flight/train.
3. Air/Bus tickets in original and Money Receipts from Railways Authorities for Rail tickets should be attached with the T.A. bill. In case M/receipts could not be obtained ticket Nos. should be indicated.
4. Please give full details of free boarding and/or lodging facility, if availed of at any place.
5. Please indicate the advance if any drawn for this tour.
6. Please sign certificate overleaf after completion of entries in Blank spaces.

Total of Colms :

(10) ₹ _____

Total Claim :

Less Advance Rs. _____ ₹ _____

(Signature of the Officer)
with date

P.T.O.