

1. Name _____ (In Block Letters) 2. Father's Name _____
 3. Address:- _____ 4. Contact No _____
 5. Designation _____ 6. Organization _____
 7. Pay Scale/ Consolidated Salary:- _____ 8. Grade Pay _____
 9. Date of Meeting/ Inspection:- _____ 10. Purpose of Meeting & Journey _____
 10. Last Pay Scale & GP If Retired:- _____ 11. E-mail ID _____
 12. Bank A/c No. (For ECS Payment) _____ Bank IFS Code _____

(A) TA/DA/ Local Journey/ Toll Tax etc.

Departure			Arrival			Mode of Journey & Vehicle No.	Distance for Road Mileage		Amount of Toll Tax etc.	Hotel /NON Hotel	Amount (Rs.)
Date	Station	Time	Date	Station	Time		Km	Rate			
Total (A)											

Please add additional form if required

(B) Honorarium (If applicable)

S. No.	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
Total(B)						

(C) Accommodation/ Lodging Claim

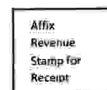
City	Place	Hotel Name & Address	Bill No.	Check In Time/Date	Check Out Time/Date	Room Rent Per Day	No. of Days	Total Amount (Rs.)
Total (C)								

Grand Total Of A+B+C

Certified that:-

- (i) Particulars provided herewith are correct & that I have not claimed TA/DA for this Journey from any other Public Source and bill is submitted first time.
 (ii) I was not provided free lodging and/or boarding at the cost of Govt. /University or any autonomous body if provided please attach Boarding/ Lodging/ Both Bills.
 (iii) Certified that I shall perform the return journey from _____ To _____ in _____ class.
 (iv) Certified that the I have travelled by shortest route and I will perform return Journey by same route and.....mode of Conveyance/ as claimed andmode of conveyance.

The above Meeting/ Journey claim is verified to be true & correct.


Signature of Claimant
Verified By-
Sign. & Name of Officer (Concerned Department)
For Use by Accounts Office Only

Head of Account:- _____ Passed for RS..... /-

Or return in original with remarks as attached

Dealing Clerk/SA

Assistant Registrar

Dy. Registrar

Finance Officer