

Centre of Biomedical Research (CBMR), SGPGIMS Campus, Lucknow

TRAVELLING ALLOWANCE BILL

Date _____ Purpose of Journey _____

Name _____ Designation _____ Basic Pay _____

(Amount in Rs.)

Particulars of Journey						Travel By				Mileage by Road			Daily Allowance			Actual Exp.		Total of Each line
Departure Station	Date	Hour	Arrival Station	Date	Hour	Air/Rail/Bus	Class	No. of Per	Amount	K.M.	Rate	Amt.	No. of Days	Rate	Amt.	Particulars	Amt.	Amt.
Grand Total																		
Less T.A. Adv.																		
Net Payable																		

Certified that: (1) This T.A. Bill has been submitted for the first time & never claimed before (2) Journey has been performed in public interest by shortest route.
 (3) I have Travelled in class for which I am entitled (4) D.A. has been charged after stay of Eight Hours in a day
 (5) All exp. shown in the Bill are actually paid by me (6)

Journey Verified

Passed for Rs. _____

Signature of Employee/Officer

Director