**Project Code: Approval No.:**

**SPONSORED RESEARCH & INDUSTRIAL CONSULTANCY**

**INDIAN INSTITUTE OF TECHNOLOGY, KHARAGPUR–721 302**

**TRAVELLING ALLOWANCE BILL**

Bill No. ……………………………………………………………….. Vr. No. ………………………….………. Head of Account ……………………………………………………. Dated: ……………………….………… Name in full:…………………………………………………………. Employee Code No.:………….………

Deptt./Centre/Section: ……………………………………………… Designation:……………….…………..

**Basic Pay: Rs**. ……………..…**Grade Pay: Rs**. ………………..

**Canara Bank A/c -9556………………………**

**PARTICULARS OF JOURNEY AND HALT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departure** | **Arrival** | **Mode of Journey** | **Actual Exp. Amount****(Rs.)** | **Ticket No. & Remarks** |
| **Station** | **Date &****Time** | **Station** | **Date &****Time** | **Air/Rail/****Road** | **Class of****journey** | **No. of****Fares & Kms.** |
|   |  |  |  |  |  |  |  |  |

**PURPOSE OF JOURNEY AND AUTHORITY:**

**\*Ticket No. is to be mentioned for journey made by Air/Train (above 2nd class) as per government rule.**

|  |  |
| --- | --- |
| 1. | Certified that I was / I was not treated as Guest during my halt at ………………………………………… and was / was not provided with board and lodging / lodging only at State expense / at the expense of the Government of India or another organization. |
| 2. | An Advance of **Rs…………..…**was drawn by me for this purpose on……………………………and is to be adjusted against the bill. |
| 3. | Certified that this claim is not preferred to and paid from any other source. |
| 4. | Certified that I stayed from to at (Name ofHotel / Establishment) which provided me Board and Lodging at sanctioned tariffs. |

**FORWARDED**

**Signature of HOD//HOC/Section-in-Charge\*/PI Signature of the employee & Date**

**\*The signature of HOD / HOC / HOS is required only for faculty members / permanent / staff of the Institute**

**FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Rs.** | **Rs.** |  |
| 1. Air / Train Fare2. Road Travel in kilometers @ ……for prepaid taxi**\*\***(**\*\*** Normal Institute TA Rule be allowed)3. Daily allowance claimed for……. days @ ………………………..per day**TOTAL :**4. **Deduct TA Advance drawn****Bill No. …………………………………… Date: ..…………………………………...**5. **Other deduction………………………… NET CLAIM :** | ---------------------------------------------------------------- | ---------------------------------------------------- | AUDIT MEMO ENHANCEMENTChecked and admitted for Rs. …………… ( Rupees ……………………………………………………………………………………. Objected to Rs. ……………………………Reason for objection ……………………………………………………………………………………………………………………………………………………………………**Senior Auditor Audit Officer** |

Rupees

……………………………………………………………………………………………………………………………

I certify that the above bill is in accordance with rules and regulations and is otherwise in order and passed for

**Countersigned by Controlling Authority**

Rs. ………………. (Rupees ……………………..…………………………)

**Drawing Officer Asstt. Registrar (SRIC)/SAO (FPM) Associate Dean/Dean (SRIC)**

**Pay Rs. ……………… (Rupees…………………..……………………………………………………………………….)**

**Asst. Registrar (SRIC) / SAO (FPM) (Disbursing Officer)**

**FOR USE IN SRIC OFFICE ONLY**

**Acquaintance payment**

**Stamp**

**Received payment in Cash / Cheque No. ……………………………….. Signature Cashier**