



राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश

NATIONAL INSTITUTE OF TECHNOLOGY-ANDHRA PRADESH

TRAVELLING ALLOWANCE BILL

Date: _____

Name: _____ Designation & Pay level: _____

Office order No. & Date: _____ Bank Account No: _____

Bank Name & IFSC Code: _____ PAN & Aadhar No: _____

A. PARTICULARS OF JOURNEY (mandatory to fill)						Made of journey (Air/Train/ Bus/ Taxi exe.)	Dista nce (in Km)	Fare (in)	Ticket Nos./Bill No./ Remarks
Departure			Arrival						
Station	Date	Time	Station	Date	Time				
A. Total									

B. PARTICULARS OF LOCAL TRAVEL			Mode of journey (Taxi/Auto/ Bus etc.)	Vehicle No.	Distance (in Km)	Fare (in)	Ticket Nos./Bill No./Remarks
Date	From	To					
B. Total							

C. OTHER CHARGES	Period		Bill No.	No. of Days	Rate per day including GST	Amount (in)	Remarks
	From	To					
Hotel/Lodging Charges							
Food Charges/DA							
Other Charges (If any)							
C . Total							
D . Grand Total (A+B+C) (in words)							
E . Less: Advance taken, if any							
F . Net Payable (D-E) (in words)							

It is certified that the claims made above with tour report are based on the actual amount spent by me and have not been claimed by me and/or paid to me from any other source.

Signature of Claimant with date

Journey verified and forwarded

(Signature of HoD/Section Head/Coordinator)

(FOR OFFICE USE ONLY)

Gross TA/DA passed for _____ and after adjustment of _____

Pay _____ Only.

Dealing Assistant
(SPAC)

Superintendent
(SPAC)

Assistant Registrar
(SPAC)