

UNIVERSITY COLLEGE OF MEDICAL SCIENCES, DELHI-110095

TRAVELLING AND HALTING ALLOWANCE BILL

Name (in full):.....

Designation:

Basic Pay:

Department:

Date, Station and Hour of Departure	Date, Station and Hour of Arrival	Air / Railway Fare Amount		TRAVEL BY ROAD		Daily Allowance No. of days and Place	Amount		Total of Columns 3, 5 & 7		Purpose of Journey	REMARKS	
				No. of Kilometers	Amount		Rs.	Ps.	Rs.	Ps.			
		Rs.	Ps.		Rs.								Ps.
1	2	3		4	5		6		7		8	9	10
	Total			Total									

1. I certify that I have not drawn T.A. or D.A. in this connection from any other source.
2. I certify that the above bill in accordance with the Rules & Regulations and is otherwise in order, and that I have travelled in the class for which I am charging Railway Fare/Air.
3. I certify that I did not perform the road journey by taking a single seal in a taxi, omnibus or motor-lorry playing for hire.
4. I certify that I did not avail of free messing, transport & accommodation facilities at the outstation.
5. I certify that I have travelled by Taxi / Scooter / Bus and the amount claimed is the amount actually paid by me.

SIGNATURE _____

VERIFICATION

'Received Payment

REVENUE
STAMP

Signature

Designation

Countersigned

Assistant Registrar/ Principal

Details of Bank Account in respect of Dr.: _____

1. Bank Name : _____
2. Branch Address : _____
3. Bank Account No. : _____
4. IFSC Code of Bank : _____
5. MICR Code of Bank : _____
6. Type of Bank Account : _____
7. Category eg. Gen/OBC/SC/ST: _____

(Rupees)

Passed for Rs.)

Paid By:

Cheque No.:....., Dated:

PRINCIPAL