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| **Indira Gandhi University Meerpur-Rewari** | D:\new logo 1.jpg | **इंदिरा गाँधी विश्वविद्यालय****मीरपुर-रेवाड़ी** |

 (((((((((((A State University Established under Haryana Act No. 29 of 2013)

Recognized u/s 12 (b) & 2(f) of UGC Act, 1956

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 **TRAVELLING ALLOWANCE BILL**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Purpose of Journey**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Basic Pay/Declared Income for Non-Employees** **Date of Meeting/Inspection/Exams. etc. if any**\_\_\_\_\_\_\_\_\_\_\_\_\_

**for TA Purposes**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bill Register Page**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Voucher No**.\_\_\_\_\_\_\_\_\_\_

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| **Departure** | **Arrival** | **Mode of Journey** | **Distance****For Road Mileage** | **Amount** |
| **Station** | **Date** | **Time** | **Station** | **Date** | **Time** |  | **K.M.** | **Rate** | **Rs.** |
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1. **Mode of Journey**  **2. Journey /Halting Days**………@................................
2. By Rail : Class …………………….. Ticket No. ……........ ……..…………………………………..@................................
3. By Bus : (Ord./Deluxe/A.C.) ……………………………… **3. Local Conveyance, if any** ………………………………….
4. Own Car No./Staff Car No./Taxi No. ………………… (Details on Separate Sheet)
5. By Air : Ticket No. ………………………………………….. **Total**

**(Air Ticket Attached)**

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| **Declaration : Certified that –****i)** Particulars provided herewith are correct & that I have not claimed T.A./D.A. etc. for this Journey from any other public source.**ii)** I have used full Taxi for the Journey paid full propulsion charges for the car which is a private property.**iii)** I was not provided free lodging and/or Boarding at the cost of Govt/University or any autonomous body.  **Signature\*…………………………………………** **Address…………………………………............** **………………………………………………….****Countersigned** **…………………………………………………****Controlling Officer**  **Received Payment**

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| Affix Revenue Stamp if amount exceed Rs. 5000/- |

**Signature**………………………..\*(Please sign at both the places) | **For Use in Accounts Branch**Head of Account ……………………………………………………………..Pay Rs. (in figures)……………………….(in words)………………… ………………………………………………………………………………………..Clerk Dy. Supdt. FOCheque No. ……………………………………………..Date ………………………………………………………… FO/AO**For Audit use****PAY ORDER**

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| **AUDIT DEPARTMENT**Pre-audited & Passed for Rs. …………………………………………..Rupees ……………………………………………...............................………………………………………………………………………………………..  **Auditor** **RSA D.D (Audit)** |

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**Declaration by the Govt. employee: - The Government employee while submitting his travelling allowance, claim admissible under these shall make a declaration in his own hand on the travelling allowance bill as under: -**

1. Certified that the journey beyond jurisdiction was performed by me after the approval of competent authority.
2. Certified that the journeys as claimed in the TA bill were actually performed by the mode of transport as per my entitlement as shown in my approved tour programme.
3. Certified that I was actually and not merely constructively on duty on Sundays and Holidays, for which daily allowance has been claimed.
4. Certified that I was not absent or on causal leave during the period for which daily allowance has been claimed.
5. Certified that I was not treated as State Guest during the period for halt and provided with free lodging and boarding.
6. Certified that return ticket was purchased for journeys where such tickets were available.
7. I do understand that in case it is found that the claim or part thereof is based on wrong facts, I shall be liable to the disciplinary action for major penalties under the Haryana Civil Services (Punishment and Appeal) Rules or relevant rules applicable to me.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of the Claimant)

**Details for the payment to Outside subject Experts/Members of the Committee for payment of TA/DA**

NAME OF BENEFICIARY:

ACCOUNT NO.:

NAME OF BANK

BANK BRANCH:

IFSC CODE:

(Signature of the Claimant)