

settled herewith.

TRAVELING ALLOWANCE BILL FOR LOCAL JOURNEY/TA

Note: - This bill should be prepared in duplicate — one for payment and the other as office copy

1.	. Name of University Employee								
2.	Designation & Employee Code								
3.	Basic Pay, GP & NPA								
4.	Head Quarters				GGSIPU, Sector-16C, Dwarka, New Delhi				
5.	Details and purpose of journey (s) performed								
		Departure		Mode of Tr	avel &		Distance in	Б	
Date &			т.	class	of	Fair Paid	Kms for road mileage	Purpose of Journey	
Time		From	То	accommodat	ion used				
1		2	3	4		5	6	7	
Total									
								L	
Certify	that th	e information,	as given abov	ve, is true to the	e best of r	ny knowledo	ge and belief.		
Date							SIGNAT	URE OF EMPLOYEE	
1. Certified that I incurred running expenses in a car/auto/local transport for which claimed in the								and in this hill for	
								ied iii tilis bili ioi	
-	journey.								
2. Certified that the road journey for which kilometer has been claimed at the rates was perfo							ormed by my own		
ca	car in the public interest.								
3. Ne	3. Necessary entry has been made in the Conveyance Register.								
VERIFIED & RECOMMENDED SANCTIO							Sign	ATURE OF CLAIMANT	
	AYMENT			<i></i>					
OFFIC	ER-IN-C	CHARGE		HEAD OI	DEPARTM	1ENT			
			Eon	ETNANCE & Acc	OUNTS DE	DARTMENT			
			<u>FUK</u>	FINANCE & ACC	OUNIS DE	FARIMENI			
					т-В				
	Passe	d for payment	of`	(Rs) and	I advance of Rs.		
(Rs) drawi	n on	hv	Sh /Smt /Mi	r /Mrs	ic	

AAO/FO