**TA/DA BILL for**

Part-I (To be filled by non-official Committee Member)

1. Name & Designation **:**
2. With Full Postal Office Address :
3. Address for Sending Payment :
4. Type of Organization : *Govt./ Private / Govt. Aided*
5. Pay Scale & Present Basic Pay :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Whether Retired or Still in Service : ***Retired/ Still in Service***
7. Permanent Account No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Purpose of Visit / Meeting :
9. Date(s) of Meeting :

Details of Journey (Including from and to Residence/ Office and Airport/Railway Station etc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Departure** | **Arrival** | **Mode of Journey** | **Distance in Kms.** | **Fare Paid (Air/Rail) Taxi etc.** | **Air/ Rail Ticket No.** |
| **From** | **Time** | **At** | **Time** |
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1. Whether Staying in Rented Accommodation (Hostel/Guest House) with Payment of some charges/ or Making Own Arrangement without Paying any charges (Strike Out whichever is not applicable). If staying in Rented Accommodation (Hostel/Guest House) with Payment of Some charges. Please specify

Boarding & Lodge Charge per days

Duration of stay in one days

Total Amount

(Please attach original receipts of Hotel/Guest House)

1. Name of College / Institutes Visited and the Date of visits:-

(Please attach separate list if the visits are more than one)

1. Certified that:

(i) (Particulars provided herewith are correct and that I have not claimed TA/DA etc for this Journey from any other source.

1. I was not provided free Lodging and or Boarding at the cost of Govt. University or any Govt., aided Body.
2. (Certified that I am entitled to travel by Executive Class Air Travel in my Organization (strike out, if not applicable)
3. The Mandate Form is enclosed for employments.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Claimant

**Part-II (to be filled by Convenor / Organizer of the meeting)**

1. The Non-official member was invited under the authority of controlling officer and his attendance.

Dated: 10/10/2015 1. Signature

 2. Name of convenor

 3. Designation

Part-III (to be completed by Finance Bureau)

1. DA for 1 days @ `
2. TA Rs. /-
3. Honorarium Rs.
4. Grand Total `
5. TDS @ 10% (-) `\_\_\_\_\_\_\_\_\_\_\_\_
6. Net amount to be paid **Rs.**

Accountant A.O (Fin) Drawing and Disbursing Officer

PAYEE’S RECEIPTS

**Received Rs.**

 Signature of Claimant

 (With revenue stamp)