



डा बी आर अम्बेडकर राष्ट्रीय प्रौद्योगिकी संस्थान, जालन्धर
Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALANDHAR

TA/DA AND HONORARIUM Bill

Name:- Designation & Deptt./Orgn.....

Pay Level/Consolidated salary:- Purpose of Meeting/Journey:.....

Contact No. Email I.D:.....

Details of claim: **(A) TA/Local Journey/Toll Tax etc.:-**

Departure: source			Arrival: destination			Mode of Journey	Road Mileage		Amount of Toll Tax etc.	Total Amount (Rs.)
Date	Station	Time	Date	Station	Time		K.M.	Amount		
Please add additional form if required									Total (A)	

(B)Accommodation/Lodging Claim:-

City	Hotel Name & Address	Bill No.	Check IN Time/Date	Check OUT Time/Date	Room Rent Per Day	No. of Days	Total Amount (Rs.)
Total (B)							

(C) DA Claim :-

DA claimed for :	Rate	Total (C)
No. of Days:		

(D)Honorarium:-

Sr. No.	Particulars	Date		No. of Days/Lecture	Rate of Honorarium	Total Amount (Rs.)
		From	To			
Total (D)						

Grand Total: A+B+C+D=

Certified that:

1. Particular provided herewith are correct and I have not claimed or will not claim part of full claim for this journey from any other source, and bill is submitted first time. 2. Distance by road for which road Mileage is claimed is correct to the best of my knowledge. Road journey for which mileage is claimed by CAR/Motorcycle/Auto/Public Bus/Free Transport/Taxi is paid by me. 3. Journey was actually performed in the class for which claim has been made. 4. Journey was performed by the shortest route, if not, (give reason) in the interest of the Institute.5. No free lodging and/or boarding has been provided. 6. I shall perform the return journey as I have claimed. 7. DA claimed for the days above is for travelling days only .8. Necessary declaration relating to LTC claim has been attached (in case of LTC claim).

Signature of Claimant with date

Verified by:

Signature:

Name :

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13/6/19



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FOR AUDIT SECTION USE ONLY

A. TA/DA:

1. Travelling charges: Rs.....
2. Road Mileage: Rs.....
TOTAL A Rs.

B. Hotel/Accommodation Charges: Rs.....

C. DA: Rs.....

D. Honorarium: Rs.....

E. Total Claim (A+B+C+D): Rs.....

F. TDS on (D) Honorarium: Rs

G. Less Advance, if any: Rs.....

H. Net Payable/Recoverable: Rs

Claim submitted by Dr./Mr./Ms.....for Rs..... has been checked, audited and **passed**
for Rs.(as mentioned above) as per rule. Entered in TA register Page No.....S.No.....

Dealing Hand (Audit)

Supdt. (Audit)

Recommended for approval

Assistant Registrar (A/c's & Audit)

Registrar

Director

ADVANCE RECEIPT

An amount of Rs.....(in words:.....) has been
received/transfer in bank account (as per details) from National Institute of Technology, Jalandhar against my claim.

Bank Name:		Account No.	
PAN No.		IFSC Code:	

Signature of Claimant