

TRAVELLING EXPENSES CLAIM FORM

- 1. Establishment : _____ Month : _____ 20__
- 2. Name & Designation : _____
- 3. Basic Pay : _____ Head Qrs. : _____
- 4. Purpose of Journey : _____

DEPARTURE		ARRIVAL		Km./ Mode of Travel	Rate/ Class of Travel	Actual Fare Paid	DAILY ALLOWANCE				TOTAL OF LINE
Station	Date & Hour	Station	Date & Hour				Hotel Charges (if any)	No. of Days	Rate Admiss- ible	Amount	
1	2	3	4	5	6	7	8	9	10	11	12
** GRAND TOTALS **											

(DETAILS OF THE CLAIM)

1.	Total of Column No. 12 (B.F.)	Rs. : _____
2.	Terminal Transportation Charges	Rs. : _____
3.	Local Transportation Allowance	Rs. : _____
4.	Transfer Grant	Rs. : _____
5.	Personal Effects	Rs. : _____
	Wt. _____ Rate : _____ Amount	Rs. : _____
6.	Conveyance Charges	Rs. : _____
7.	Miscellaneous (Specify) _____	Rs. : _____
8.	GROSS AMOUNT	Rs. : _____
9.	Less Advance of TA/TTA drawn vide	
	TV No. _____ Dt. : _____	Rs. : _____
10.	NET AMOUNT PAYABLE	Rs. : _____

(Signature of Claimant)

Passed for Rs. _____ (Rupees) _____

(Signature of Controlling Officer)

(Signature of D.D.O.)

(TO BE USED IN AUDIT OFFICE)

Admitted for Rs. : _____

Objected to Rs. : _____

Reason for Objection: _____

(Accounts Officer)

INSTRUCTIONS

1. Tour Diary should invariably be attached with the claim.
2. In case of transfer claim, the details of members of the family with age along with details of personal effects be given.
3. The Receipt Nos. of Hotel and carriage charges bills be quoted against the relevant Column.
4. Ticket Nos. should be quoted, when journeys are performed in a class higher than the ordinary class.