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|  | **AII India Institute of Medical Sciences, Bhubaneswar Sijua, Post: Dumuduma, Bhubaneswar – 751019** | For Official Use:-  Bill No. (by Admin.):-  Bill No. (by Accounts):- |

# Travelling Allowance (TA)/Conference/Workshop Adjustment Claim Format

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Name of the Faculty/Official/Officer/Dr./Mr./Mrs/Ms | | | | | | | | | **:** | |  | | | | |  |
| Designation | | | | | | | | | **:** | |  | | | | |  |
| Department | | | | | | | | | **:** | |  | | | | |  |
| E-mail | | | | | | | | | **:** | |  | | | | |  |
| Contact No. | | | | | | | | | **:** | |  | | | | |  |
| Bank Account No. | | | | | | | | | **:** | |  | | | | |  |
| Bank Name | | | | | | | | | **:** | |  | | | | |  |
| TA Bill for attending (write purpose for the travel) | | | | | | | | | **:** | |  | | | | |  |
| Sanction No. & Date (Please attach sanction letter/Office order) | | | | | | | | | **:** | |  | | | | |  |
| Pay Band/GP/Pay matrix/Basic Pay (for DA purpose) | | | | | | | | | **:** | | PB-01/02/03/04, GP:-Rs.  Pay Matrix- Basic Pay- | | | | |  |
| SI  No. | | Station | Departure | | Station | Arrival | | No of Kms travelled | Rail/ Road/ Air | | No. of Days | | Kms | Total amount claimed  (Rs.) | Ticket nos. (Pl attach  ticket | Amount admissible (to be used by the  Office) | |
| Date | Hours: | Date | Hours: |
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Signature of Claimant/faculty/officer who travelled Signature of HoD in case of non-Gazette Official

# Note:-

1. Please fill in all columns on pages 1 & 2 as applicable. In case, you claim DA at the Old rate, Pl. mention the same.
2. Please mention date/hours of Departure/Arrival without fail for DA Calculation. Incomplete forms will be returned with observation. In case of the stay at a station which is more than 12 hours should also be mentioned including duration of stay in days mentioning dates.
3. In case of attendance of Conference, please certify that “I have attended Conference from to as per the office order”

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| Sl.  No. |  | **Claimed** | **Admissible Amount**  **(to be calculated by the Office)** |
| i. | Railway/Bus/Air Fare (Please mention the amount of onward/outward journey separately) (if the tickets are booked by Office, please mention the same-also  enclose Boarding Passes in case of Air-Travel) | Rs. | Rs. |
| ii. | Road mileage kms @ Rs. (Please mention  both onward /outwards from Residence/duty station  to Airport/Railway Station& back) (Pl. enclose original bills) | Rs. | Rs. |
| iii. | Internal road travel during the official tour kms  @ Rs. on- (Pl. enclose  original bills) | Rs. | Rs. |
| iv. | Hotel Accommodation/Guest House charge @ Rs.  for days | Rs. | Rs. |
| v. | Food Bills @ Rs. per daily | Rs. | Rs. |
| vi. | Registration fees (Please attach the original receipt)  Rs. | Rs. | Rs. |
| vii. | Any other | Rs. | Rs. |
|  | **Total** | Rs. | Rs. |
|  | Advance Paid (-) | Rs. | Rs. |
|  | Net Claimed | Rs. | Rs. |

Signature of the Faculty/Officer/Claimant who travelled

Passed for Rs. (Rupees)

(In words)

DA AAO Dy. Director (Admin.) DA/JAO (Accounts) DDO FA

# CERTIFICATE

1. Certified that I was not provided with means of any accommodation AT THE EXPENSES OF Govt. or journey by road for which TA has been claimed.
2. Certified that I travelled by Rail/Air/Road on all days in the class of accommodation which I am entitled between station from

to .

1. Certified that between stations connected by rail from to . I travelled by bus by getting a single seat incurred a sum of Rs.
2. Certified that the journey beyond jurisdiction was performed under authority.
3. Certified that the journey was performed as per entitled mode of travels as permissible under the TA rules.
4. Certified that I was not on leave for period for which I have claimed DA.
5. Certified that the number of kms above in the TA bill are correct to the best of my knowledge.
6. Certified that:-
   1. I was absent or on casual leave during the period from to for which daily allowance should not be made.

Signature of the Faculty/Officer/Claimant who travelled with date

# Information about final claim (TA/Conference/Workshop etc.) settled for payment

1. Name : -
2. Designation: -
3. Department: -
4. e-mail :-
5. Contact No.:-
6. Purpose of the claim”-
7. Claim details admitted for payment:-

|  |  |  |
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| Sl.No. | Name of the claim | **Amount of Final payment** |
| (i) | Cost of the Ticket | Rs. |
| (ii) | Hotel Accommodation Charge | Rs. |
| (iii) | Food Bill | Rs. |
| (iv) | Taxi Charge | Rs. |
| (v) | DA for day @ Rs. | Rs. |
| (vi) | Registration fees | Rs. |
| (vii) | Any other | Rs. |
| **Total** | | Rs. |

Signature of DDO

To

Name: - Designation: -