

Sub Bill No. _____

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

1.	Name of the Government Servant	
2.	Designation	
3.	PAY + SI + NPA	
4.	Headquarters	

[illegible][illegible]

6.	Mode of journey:		
	(i)	Air (a) Exchange voucher arranged by office (b) Ticket /Exchange voucher arranged by	Yes/No
	(ii)	Rail (a) Whether traveled by mail /express/ordinary train? (b) Whether return tickets available? (c) If available, whether return tickets purchased? If not, state reasons	Yes/No
	(iii)	Road Mode of conveyance used, i.e. by Government transport/by taking a taxi, a single seat in a bus or other public conveyance/by sharing with another Government servant in a car belonging to him or to a third per to be specified.	
7.	Dates of absence from place of halt on account of (a) R.H. and C.L. (b) Not being actually in camp on Sundays and holidays.		

8.	Dates on which free board and /or lodging provided by the State or any organization financed by State funds: (a) Board Only (b) Lodging only (c) Board and lodging.	
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9.	Particulars to be furnished along with hotel receipts, etc., in cases where higher rate of D.A. is claimed for stay in hotel / other establishments providing board and / or lodging at scheduled tariffs.
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S.No	Period of Stay		Name of the hotel	Daily rate of lodging charged in Rs.	Total amount Paid Rs.
	From	To			
1.					
2.					
3.					
4.					
5.					

10.	Particulars of journey(s) for which higher class of accommodation than the one to which the Government servant is entitled was used.
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S.No	Date	Name of places		Mode of conveyance used	Class to which entitled	Class by which travelled	Fare of the entitled class	
		From	To				Rs.	P.
1	2	3	4	5	6	7	8	
1.								
2.								
3.								
4.								
5.								

If the journey(s) by higher class of accommodation has been performed with the approval of competent authority, No and date of the sanction may be quoted.

11.	Details of journey (s) performed by road between places connected by rail.
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S.No	Date	Nature of Place		Rail fare	
		From	To	Rs.	P.
1	2	3	4	5	

12.	Amount of T.A. advance, if any, drawn	Rs.
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Certified that the information, as given above, is true to the best of my knowledge and belief.

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Signature of the Government Servant
Date _____

CERTIFICATES

1. Certified that I/my family was neither allowed free transit by Rail under free pass or otherwise provided with means of communication at expense of the state or Local Bodies journey for which T.A. has been claimed in this bill.
2. Certified that I/my family actually traveled by the class for which T.A. has been claimed in this bill.
3. Certified that the number of kilometers shown in the bill is in accordance with the poly maternal tables of the establishment.
4. Certified that the journey onwas performed by Mail/Express train in the interest public service.
5. Certified that I was actually not merely constructively in camp on Sundays and holidays for which daily allowance is claimed.
6. Certified that I was not absent on Casual Leave during the period for which daily allowance has been claimed.
7. Certified during my halt at.....from towhile on inspection duty continue to incur expenditure after the first 10 days.
8. Certified that I did not perform the road journey for which the kilometer allowance has been claimed at the higher rates rule 46 of Supplementary rule by taking a single seat in a taxi/motor or mini bus or lorry playing for hire.
9. Certified that I incurred running expenses in a car for which claimed in this bill for journey.
10. Certified that the road journeys for which kilometer has been claimed at the higher prescribed in Supplementary rule 46 was performed by my own car.
11. Certified that the road journeys for which mileage is claimed were performed by road but were charged by rail. The number of kilometers actually traveled by road being.....
12. Certified that the family members for whom T.A. has been claimed actually travelled with me or followed me on transfer. They were wholly dependent upon me & residing with me.
13. Certified that actual expenses incurred as cost or transportation of personal effects were not less than the sum claimed in the bill.
14. Certified that I have transported.....kgms. of luggage on my transfer from.....to.....

Signature of the claimant

Counter signed

(Signature & Designation of the Controlling Officer)