

TDB

INLAND TRAVEL EXPENSES

Name :
Designation :
Purpose :

A. <u>Journey Details</u>					
Dep.	From	Date & Time	Arr. at	Date & Time	Mode & Class Fare

B. <u>Accommodation Charges</u>				
Name of Hotel/Guest House (attach Supporting voucher)	City	Duration of stay From	Tariff To	Amount

C. <u>Daily Allowance</u>				
Half at/journey	Period	No.of DA's	Rate	Amount

D. Local Conveyance /Road Mileage

City	Date & Time	From	To	K.M.	Mode of Conveyance	Amount
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E.	Leave availed	Form:	To:
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F.	Contingent	Expenditure:	Purpose	Amount
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i) Certified that no TA/DA in respect of the journey for the period mentioned in this bill has been or will be claimed form any other source.

ii) Certified that I was not provide with free boarding lodging and conveyance.

Amount claimed :

Advance drawn :

Net Amount Payable :

Date : (Signature)

Journey & exp. Approved. Payment may be released as per entitlement.

Date: Approving Authority

Passed for Rs.