PUNYASHLOK AHILYADEVI HOLKAR SOLAPUR UNIVERSITY, SOLAPUR

Travelling Allowance Bill

पुण्यश्लोक अहिल्यादेवी होळकर सोलापूर विद्यापीठ
ll विद्यया संपन्नता ll

A/C No.	:	
IFSC Code	:	
Bank Name	:	
Branch Name	:	
Mob.No.	:	

1) **Full Name** _____

2) **Address** _____

3) **Purpose of Journey** _____

BASIC PAY RS. _____

Vr. No. _____

Cash / Cheque No. _____ Date :

4) Nature of the Committee _____

5) Date of Business _____

6) Reference - Order No. & Date _____

Particulars of Journey/Stay						Kind of Journey Rail/S.T. Taxi/Own Car/Air Class of Accommo-dation	Distance travelled in K.M	Ticket No.7 Date forest 1st class by rail & Air/Regd.No. of owned/hired car.motor cycle/Scooter	Rail/S.T. Taxi/Own Car/Air Ticket Amount	Deamess Allowances		Total Bill Amount
Departure			Arrival							No.of D.As.	Rate Rs. Ps.	Rs. Ps.
Date	Time	Station	Date	Time	Station							
1	2	3	4	5	6	7	8	9	10	11	12	13
								Total				

Certificate and Declaration :

1) I hereby declare that no travelling, halting, mileage allawance or any other expenses have been or will be claimed by me from any other source for a part or a whole of the journey for which the claims is made in this bill.
2) I hereby declare that I have actually travelling by Air, Class 1/11 by Mail /Express/Passenger tram by purchasing a single/seasonal Ticket; and I will undertake the return journey in the same manner.
3) I hereby declare that 1 have actually travelled by ordinary/Express/ Luxury S.T. Bus, Petrol/Diesel Consuming own/hired motor car/ Cycle/Scooter and 1 will undertake the return journey in the same manner.
(Vehicle Registration No.)
4) I hereby certify that the road distance mentioned in this bill for which road kilometrage allowance has been claimed in this bill is correct to the best of my knowledge
5) I hereby certify that I have paid the hire charges for the entire vehicle and that I have not shard it with any co-passenges/s.

Signature of the Claimant _____

perferring this claim was present at the meeting as stated above. The dates and the timings mentioned in the bill are correct.

Payment Received

Revenue Stamp in Over Rs. 5000/-

Chairman or Senior Examiner

Sign of Receivers

TO BE RECEIPTED IN ADVANCE

TO BE FILLED BY ACCOUNTS SECTION ONLY FOR PASSING OF PAYMENT

Budget Head/s T.A. To _____

Passed for Rs. _____ Ps. _____

(Rupees in wors) _____

Date : _____

Clerk | **Accountant/Asst. Registrar Dy. Registrar** | **Finance & Accounts Officer** | **Hon. Vice-Chancellor**

Asst. Registrar/ Dy. Registrar | **Director BOE & E** | **F & A O** | **Registrar**