



**All India Institute of Medical Sciences, Guwahati
Changhari, Assam-781101**

\For Official Use:-
Bill No. (by Admin.):-
Bill No. (by Accounts):-

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

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:							

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"

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

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: -