



CENTRAL PULP & PAPER RESEARCH INSTITUTE SAHARANPUR

TRAVELLING ALLOWANCE BILL

(Please fill up all the entries and marks NA of not applicable)

T.A. Bill No.

1. Name & Designation of the employee	
2. Name of the Project	
3. Pay	
4. Purpose of visit	

5. Detail of Journey:

Departure		Arrival		Distance in kms	Mode of travel & class of accommodation	Train name & no.	Ticket nos.	Fare Paid
Date & time	Place	Date & time	Place					

6. Dates of absence from place of halt on account of R.H. and C.L. not being actually in camp on Sunday and holidays _____

7. Dates on which free boarding or lodging are provided

Free boarding only _____

Free lodging only _____

Free boarding and lodging _____

8. Local conveyance:

Date	FROM	TO	Dist in km.	Actual fare paid	Mode of conveyance

9. Particulars to be furnished along with hotel receipts etc. In case applicable to the officials being governed by the central Govt. T.A. rules where higher rate of DA is claimed for stay in hotel or other establishments providing boarding and/or lodging at scheduled traiffs.

PERIOD OF STAY	NAME OF HOTEL	DAILY RATE OF LODGING CHARGES	TOTAL AMOUNT PAID

If own arrangements full, address may please be given _____

10. If the journey by higher class of accommodation has been performed with the approval of the competent authority no. and date of the sanction may be enclosed.

Detail of the journey performed by road between places connected by rail

DATE	NO. OF PLACES		FARE PAID
	FROM	TO	

11. Amount of T.A. Advance if any drawn _____

Note : Any other information no covered in the form may please be furnished in the separate sheet.

Certified that the informations as given above are true to the best of my knowledge and belief.

Date _____

Signature Of The Govt. Employee _____

PART B

Railway/Air/Bus/Taxi Fare	_____
Road mileaga for Kms	_____
Local conveyance	_____
Daily allowance	_____
Gross Amount	_____
Less advance	_____
Net amount pay/recov.	_____

ASSISTANT

SECTION OFFICER

FINANCE & ACCOUNTS OFFICER